

Workplaces That Thrive

A RESOURCE FOR CREATING MENTAL HEALTH-FRIENDLY WORK ENVIRONMENTS



it's part of our workplace



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

ABOUT THIS RESOURCE

This publication is designed to help human resources personnel look at the benefits of a Mental Health-Friendly Workplace. The benefits accrue to both the bottom line of a business and to the health and well-being of the workforce—a business’s most valuable asset—on the balance sheet and in ethical and human terms.

This resource is useful for taking stock of the current level of mental health friendliness and for inspiring new thinking and planning for the future.

Section I is a brief introduction to the status of mental health in the U.S. workplace, including the challenge of overcoming stigma and discrimination toward persons with mental illnesses.

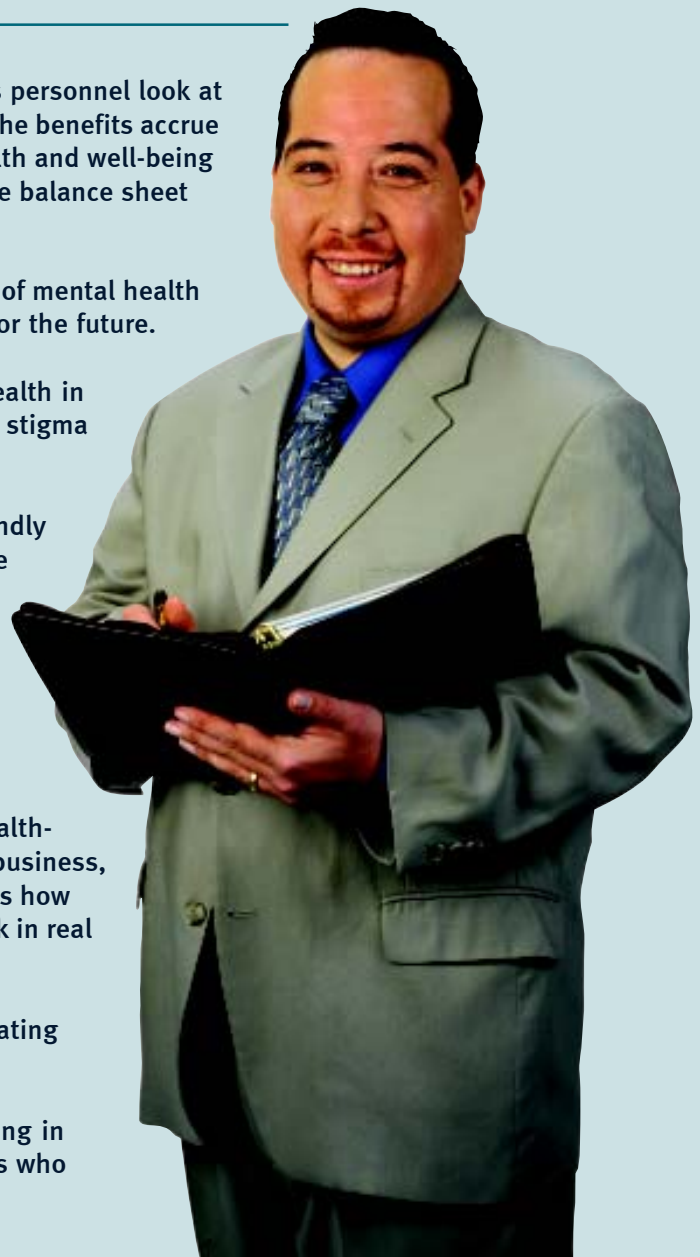
Section II describes the elements of a Mental Health-Friendly Workplace and helps make a preliminary assessment of the current situation in a workplace.

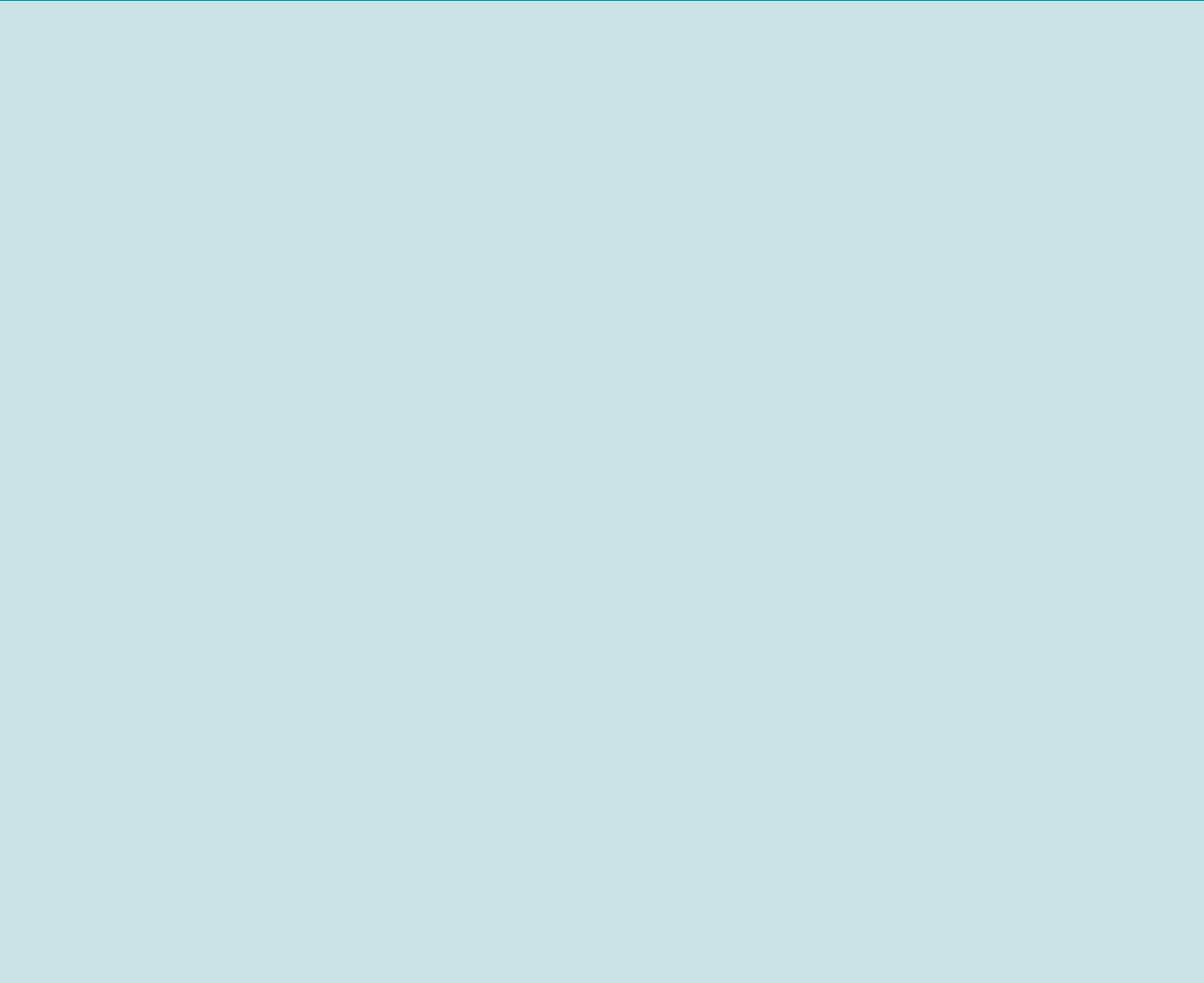
Section III describes, in alphabetical order, a range of policies and practices that are employed in businesses across the country, as well as in many other parts of the industrialized world.

Section IV presents portraits of three thriving Mental Health-Friendly Workplaces across the United States—one small business, one medium-sized, and one large—each of which illustrates how mental health-friendly policies and practices look and work in real life settings.

Section V provides ready-to-use resources for communicating with employees about mental health in the workplace.

Section VI provides materials for basic supervisory training in some mental health essentials for working with employees who experience mental illnesses.







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SECTION

**A Mental Health-Friendly
Workplace: A Place Where
People and Business Thrive**

I. A MENTAL HEALTH-FRIENDLY WORKPLACE

Mental Illnesses Are Common

Mental health problems are health conditions involving changes in thinking, mood, or behavior. Mental health and mental illness can be pictured as two points on a continuum with a range of conditions in between. When these conditions are more serious, they are referred to as mental illnesses and include depression, anxiety disorders, childhood and adult attention-deficit/hyperactivity disorder, and other diagnosable illnesses that most often benefit from treatment and support.

These conditions can affect anyone, regardless of age, culture, race, gender, ethnicity, economic status, or location. Mental illnesses are surprisingly common—they affect almost every family in America.

The good news is that effective treatments are available and people recover from mental illnesses. How does recovery happen? A lot of people with mental illnesses work with therapists, counselors, peers, psychologists, psychiatrists, nurses, and social workers, often in combination with some of the most advanced medicines ever developed. They also use self-help strategies and community supports.

It is estimated that about one-third of those with mental illnesses are employed.¹ There's a very good chance that you, and every employee in your business, know someone who has a mental illness.

According to one study, nearly a quarter of the U.S. workforce (28 million workers ages 18-54) experience a mental or substance abuse disorder.² This study found that the most prevalent illnesses in the workplace are alcohol abuse/dependence (9 percent of workers); major depression (8 percent); and social anxiety disorder (7 percent). Further, 71 percent of workers with mental illnesses have never sought help from a medical or mental health specialist for their symptoms.

The National Institute of Mental Health has this to say about the effects of just one of these illnesses—depression—in the workplace:

This year, more than 19 million American adults (9.5 percent of the population) will suffer from this often misunderstood disorder. It is not a passing mood. It is not a

personal weakness. It is a major but treatable illness. No job category or professional level is immune, and even a formerly outstanding employee can be affected.

The good news is that, in more than 80 percent of cases, treatment is effective. It enables people with depression to return to satisfactory, functioning lives. And nearly everyone gets some degree of relief. Treatment includes medication, short-term talk therapy, or a combination of both.

Untreated depression is costly. A RAND Corporation study found that patients with depressive symptoms spend more days in bed than those with diabetes, arthritis, back problems, lung problems, or gastrointestinal disorders. Estimates of the total cost of depression to the Nation in 1990 range from \$30 to \$44 billion. Of the \$44 billion figure, depression accounts for close to \$12 billion in lost workdays each year. Additionally, more than \$11 billion in other costs accrue from decreased productivity due to symptoms that sap energy, affect work habits, and cause problems with concentration, memory, and decisionmaking. And costs escalate still further if a worker's untreated depression contributes to alcoholism or drug abuse.

Still more business costs result when an employee or colleague has a family member suffering from depression. The depression of a spouse or child can disrupt working hours, lead to days absent from work, affect concentration and morale, and decrease productivity.³

Recovery From Mental Illnesses

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Unfortunately, many people with serious mental illnesses do not seek or receive treatment; in 2002 fewer than half of adults with serious mental illnesses received treatment for their mental health problem. The common reasons people do not seek treatment include cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of

neighbors, employers, and community. This fear of what people may think—the stigma that surrounds mental illnesses—is a serious barrier to treatment and recovery. Fortunately everyone can do something to reduce stigma.

Many people who do not understand mental illness think that there is something shameful about this type of problem. This stigma that surrounds mental illnesses can stop people from getting an education, a home, and a job. In fact, many people do not seek treatment because they fear stigma and discrimination.

Social Stigma and Discrimination Toward People With Mental Illnesses

In spite of increased awareness and openness about mental illnesses, the social stigma and discrimination of mental illnesses remains a significant barrier to well-being and a full life for people who experience these illnesses. Stigma and discrimination often hold applicants back from applying for or being offered employment, despite their qualifications for the job. Stigma and discrimination may deter an employee from seeking help, and he or she may continue to try to work in a state of distress (or be absent from work). If an employee has been away from work

during treatment for a mental illness, stigma and discrimination may cause discomfort or even pain for the returning employee, as well as a sea of mixed reactions from supervisors and coworkers who may lack understanding or a comfort level with what to do and say.

Endnotes

¹ Kaye, H.S. (2002). *Employment and Social Participation Among People with Mental Health Disabilities*. San Francisco: CA: National Disability Statistics and Policy Forum.

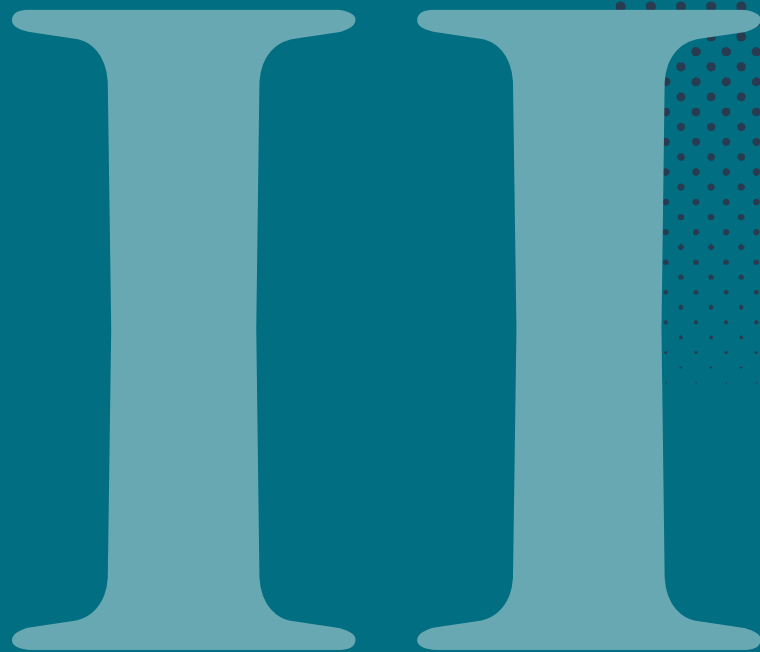
² Herz, Rob P., Ph.D., and Christine L. Baker, “The Impact of Mental Disorders on Work,” *Pfizer Facts* series, June 2002. This report is an analysis of the National Comorbidity Survey data, 1990-1992, Institute for Social Research, University of Michigan, funded by the National Institute of Mental Health and the National Institute of Drug Abuse, and the W.T. Grant Foundation.

³ National Institute of Mental Health. (Updated June 1999). *The Effects of Depression in the Workplace*. Bethesda, MD: National Institutes of Health, U.S. Department of Health and Human Services. Can be printed from www.nimh.nih.gov/publicat/workplace.cfm



SECTION

Elements of a Mental Health-Friendly Workplace



II. ELEMENTS OF A MENTAL HEALTH-FRIENDLY WORKPLACE

There is no single “right” picture of a Mental Health-Friendly Workplace. Factors that have a bearing on what will work best for any given business include:

- The leadership, goals, and values of the business;
- The culture of the business sector;
- The culture of the community in which the business operates;
- The size of the business; and
- The resources that can be brought to bear from service vendors, the community, and the employees themselves.

Whether your business is looking at its mental health friendliness for the first time or taking stock of how well current programs and practices are working, it is important to come back to these questions:

- What elements of a Mental Health-Friendly Workplace are already in place?
- How are they working?
- What are the long- and short-term goals?
- What are the next priorities and next steps?
- How will the worth or value of taking these steps be assessed?

The remainder of this section paints the Mental Health-Friendly Workplace portrait in broad strokes. Subsequent sections provide greater detail.

Some Indicators

Specific practices and policies in a workplace that values the health of its employees can be observed, including, of course, practices and policies that promote their mental health and well-being. These practices can positively affect productivity, cost-containment of health care, and employee retention—in fact, the entire culture of the business. Some observable indicators found in Mental Health-Friendly Workplaces are described on the following pages. Some businesses will recognize many of the indicators as descriptors of their own organizations; others will read them as a list of desirable options or components for building a Mental Health-Friendly Workplace. Any business that thinks of itself as being mental health-friendly will have a number of these elements in place. Think of your own organization as you scan the list.

The Mental Health-Friendly Workplace

- ☐ Welcomes *all* qualified job applicants; diversity is valued;
- ☐ Includes health care that treats mental illnesses with the same urgency as physical illnesses;
- ☐ Has programs and/or practices that promote and support employee health-wellness *and/or* work-life balance;
- ☐ Provides training for managers and front-line supervisors in mental health workplace issues, including identification of performance problems that may indicate worker distress and possible need for referral and evaluation;
- ☐ Safeguards the confidentiality of employee health information;
- ☐ Provides an Employee Assistance Program (EAP) *or* other appropriate referral resources to assist managers and employees;
- ☐ Supports employees who seek treatment or who require hospitalization and disability leave, including planning for return to work;
- ☐ Ensures “exit with dignity” as a priority, should it become essential for an employee to leave his or her employment; and
- ☐ Provides all-employee communication regarding equal opportunity employment, the reasonable accommodations policy of the Americans with Disabilities Act, health and wellness programs, and similar topics that promote an accepting, anti-stigmatizing, anti-discriminating climate in the workplace.

The Mental Health-Friendly Workplace Circle

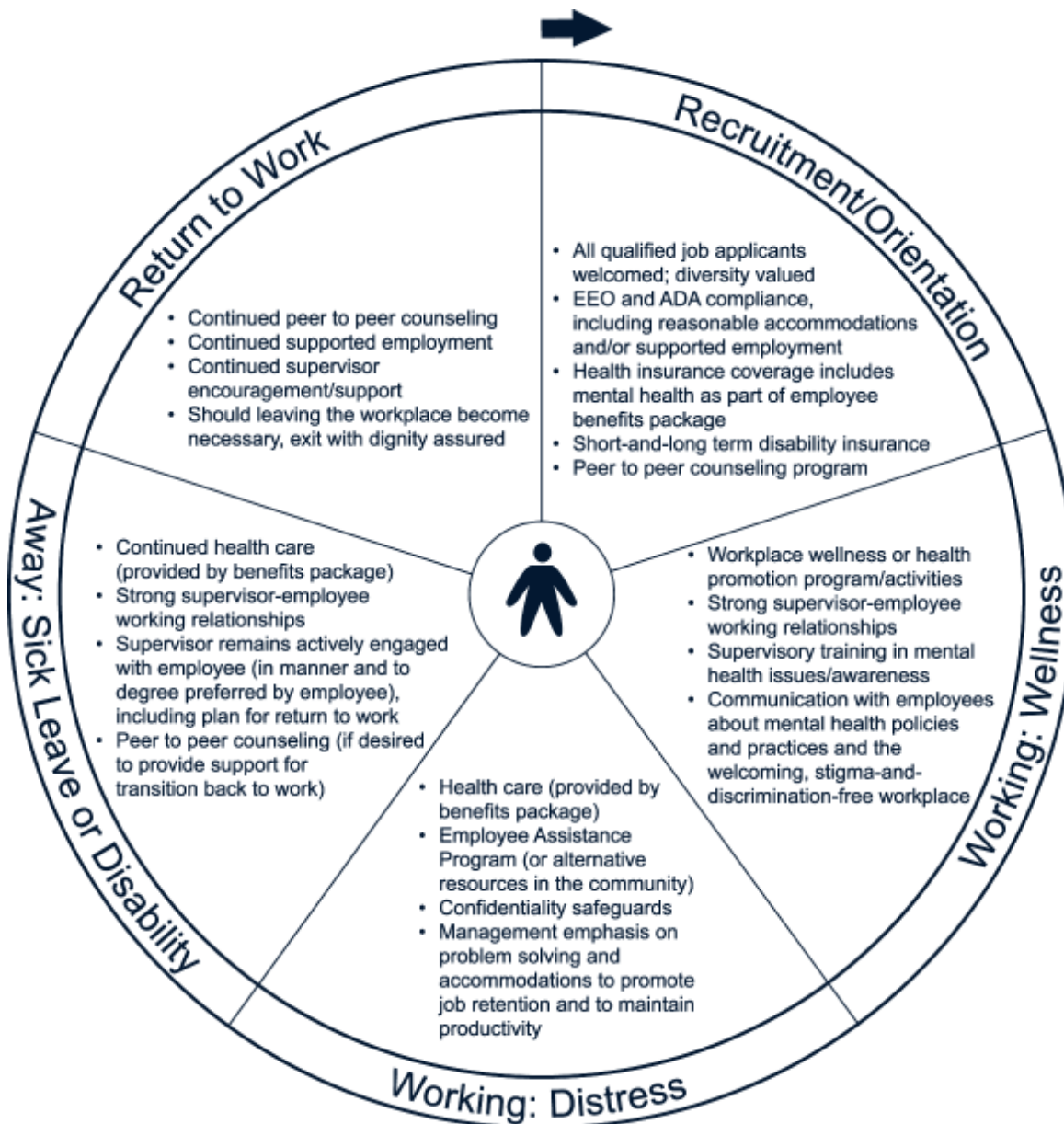
The circle on the following page portrays the potential elements of a Mental Health-Friendly Workplace across the life of an individual’s employment in a given organization. It shows what an employee (at the heart of the circle) can expect from a Mental Health-Friendly Workplace from the time of recruitment through times of working in health or, perhaps, in times of distress or disability and return to work.

The programs and practices enumerated in each segment of the circle support both the employee and his or her manager or supervisor. The lists of elements in each segment of the circle are suggestive, not exhaustive. It is unlikely that any single workplace will contain all of these elements.

If you are a human resources professional, a person playing a similar role, or a manager, this circle is meant to help you look at your organization (1) through the eyes of an employee and his or her work life in your organization, and/or (2) through the eyes of a supervisor who has an even closer daily connection with employees in times of health and in times of distress. This view of work

life may suggest opportunities to strengthen communication, guidance, and support for supervisors and employees as well as stimulate thinking about how well your mental health-friendly practices are meeting the needs of employees in all phases of their work life. The text, which follows the circle, briefly describes each segment of the diagram. Policies or practices noted in *italic type* are discussed in greater detail in Section III.

The Mental Health-Friendly Workplace Circle⁵



Recruitment/Orientation

The activities carried out during this segment of work life bring the job applicant or new employee in contact with many of the policies, practices, and procedures of the business. Regardless of how well-qualified the applicant is for the job, the person who has experienced a mental illness is likely to be quite reticent to self-disclose and risk the stigma and discrimination associated with mental illnesses. There are ways a business shows its mental health friendliness up front:

- When a prospective employee learns that the benefits package treats mental health as a part of overall health, it sends a clear indication that the workplace is likely to be a welcoming environment.
- As most employers know, the ***Americans with Disabilities Act (ADA)*** makes it unlawful to discriminate against a qualified applicant or employee with a disability.
- Hiring managers and/or supervisors need to be oriented to mental disability as a dimension of equal employment opportunity and diversity in the workplace. They also should become familiar with the provisions of the ADA to respond appropriately to questions a job applicant may raise regarding “***reasonable accommodations***” or “***supported employment***.”
- Programs such as ***peer mentoring*** or ***buddy systems*** to help new employees adapt to the workplace culture also say, “This is a mental health-friendly environment.”

Working: Wellness

This segment of the circle represents the state in which every employer and employee wants time to be spent. Many employers have instituted ***health and wellness programs***, which can provide work-life balance activities and lifestyle change incentives to strengthen employee resilience and business loyalty. Some companies are documenting the simultaneous benefits to the organization in terms of health cost containment, employee retention, and attendance. These may sound like programs that only large Fortune 500 companies can undertake; however, many health promotion strategies can be undertaken on a limited budget. (See ***Mental Health-Friendly Practices on a Limited Budget***, Section III.)

Strong supervisor-employee and employee-employee working relationships are critical to maintain wellness. Workplace-sponsored professional growth opportunities, such as skill development in conflict resolution, effective interpersonal communication, team-building, and/or the application of strength-based supervision techniques, are examples in this area.

Supervisor training in mental health-related supervision is another important part of fostering a mental health-friendly atmosphere.

Internal employee communication—e-mail, newsletters, bulletin boards, and face-to-face meetings—are all useful tools to encourage healthy lifestyles among the workforce. Annual health fairs and the observance of events such as National Mental Health Awareness Month (May) are opportunities for communication. They also present occasions to bring community resources into the workplace from such organizations as State and local affiliates of the National Mental Health Association (NMHA) or the National Alliance for the Mentally Ill (NAMI). These organizations can provide education and awareness-raising presentations, or even special services such as confidential online depression screening for employees. (See Section V for more on the topic of employee communication.)

Working: Distress

Most employees experience a day now and then when they would describe themselves as being distressed—unhappy client, unhappy boss, too much work, too little time. The resilience-building techniques learned in the business's **health and wellness program** may help offset the negativity and the employee may soon feel more in equilibrium.

However, there are more extended, more serious times and signs of distress or illness. Supervisors need to know how to respond to signs of employee distress *in a timely way*. Often no action is taken. Reasons can include the supervisor's:⁴

- Fear of the consequences;
- Lack of confidence in his/her own assessment;
- Concern about “interfering”;
- Hope that the problem will go away on its own; or
- Personal history, which echoes a similar situation in his/her own life—past or present—that produces inaction.

Failure to respond sets a destructive dynamic in motion:

- Relationships between the employee and supervisor become strained;
- Coworkers feel confused and assume a sense of responsibility for the employee;
- In an effort to help, different people take over first smaller, then larger, tasks of the affected employee;

- Coworkers try to offer advice to the affected employee, whose response is not usually receptive or positive;
- Coworkers begin to feel angry;
- Morale deteriorates;
- The “problem”—that is the affected employee—becomes the primary focus of workgroup attention;
- Everyone’s ability to function is affected;
- Coworkers try to distance themselves from the affected employee; and/or
- Feelings of resentment, hopelessness, and emotional exhaustion develop in the workplace.

Frequently supervisors try to intervene near the end of the cycle by firing the affected employee. The better approach for everyone in the workplace is to intervene early.

Many businesses, especially large corporations, retain the services of employee assistance professionals whether in-house, through a vendor, or through other arrangements. These professionals provide a consultation resource to managers and supervisors (e.g., to help them learn to pick up on workplace behaviors that may indicate there is a problem or to help them develop workable solutions to prevent termination and encourage productivity). They also are a direct resource for employees for their own self-referral for diagnosis, intervention, treatment, and other appropriate care.

Reasonable accommodations can be most critical in times of distress and can help maintain employee wellness. For example, flexibility in scheduling and leave policies can help employees maintain their mental health by allowing them time to attend mental health appointments or to manage stress.

A small business that feels it cannot afford employee assistance services still can provide training for supervisors on recognizing and being aware of the options available to cope with employee distress:

- Through the business’s health insurance plan, an arrangement might be worked out for referrals to a mental health provider for intervention;
- Many companies also are promoting employee access to online mental health information resources such as national health (including mental health) information clearinghouses, screenings for depression and other common illnesses, and referral information; and/or

- Where no health insurance is available, employers should become knowledgeable about mental and behavioral health resources in the community and make that information available to all employees.

Away: Sick Leave or Disability

This segment of the Mental Health-Friendly Workplace circle is the least frequently “visited,” by both employer and employee. An employee may require only a few days away to re-establish equilibrium and then return to his or her job. For some, a longer respite may be required.

From a supervisor’s standpoint, knowing how best to remain in touch with and supportive of an employee during this time period is very important. Likewise, from the employee’s standpoint, being able to stay in touch—in the mode preferred by the employee—may be the link that keeps hope alive during a difficult season. If the employee is open to it, communication with coworkers can be therapeutic as well. Maintaining *confidentiality safeguards* is very important during this time period.

Case studies and reports of employees whose mental illnesses forced them to be away from work for a time underscore the importance to the employee of the continued support and compassion of a supervisor. The degree of involvement during that time period is, of course, primarily at the discretion of the person who is away ill.

One of the most encouraging and hopeful activities that a supervisor and employee can undertake during the recuperation period is planning for the return to the job. Employer flexibility is key. For example, it may be best that the employee start back on a reduced schedule. While the transition usually is most successful if the employee is returning to his or her old job, there may be aspects of the job that could be reshaped to meet both employee and workplace needs. An employee assistance professional or health care provider can be very helpful in suggesting ways to make the planning process work well, and indeed they may be able to participate with the employee and the supervisor in this planning activity. If an appropriate peer support match is available from the workplace, this planning/transition period is a favorable time to introduce the possibility. Ideally, a conversation or meeting between the two employees would take place prior to the return to work.

Return to Work

As pointed out in the previous segment, the ongoing work of maintaining communication and planning for return to work is very important to a smooth return. The supervisor should be well versed in the returning

employee's wishes regarding what information is shared with coworkers. Depending upon the specific circumstances, there may be necessary adjustments or reasonable accommodations upon return. The stronger the supervisor-employee relationship, the easier the adjustment will be. If the business has a coworker peer support program, this component can augment the supervisor's role in easing the readjustment to the work environment.

Another important contingency deserves forethought and planning. Sensitivity to mental health issues and attention to supervisor training regarding workplace problem-solving and reasonable accommodations generally preclude the need for termination. In the rare event these efforts fail, and an employee's departure becomes necessary, the business (top management, human resources or other personnel administrator, supervisor, and coworkers) should ensure that the employee's exit is carried out with respect and care for his or her human and professional dignity. "Exit with dignity" policies and practices are equally important for the departure of any employee. Thoughtful, respectful gestures include deference to the employee's wishes about what is said to coworkers or clients, whether or not future contact would be welcomed by the departing employee, and whether or not a farewell event would be comfortable.

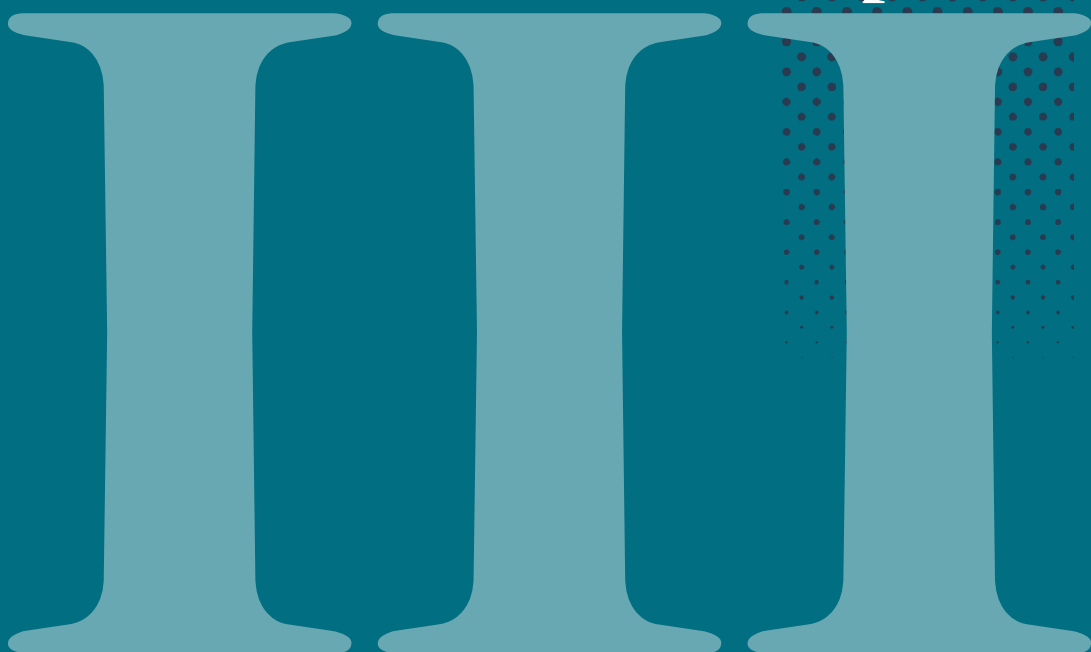
Endnotes

⁴ Handrich, Rita R., Ph.D., "Responding Effectively to Mental Illness in the Workplace." Presentation at "Can Health Services Research Influence Public Policy and Private Actions?," a conference jointly sponsored by the Association for Health Services Research and the National Alliance for the Mentally Ill and supported by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the National Institute for Mental Health, Eli Lilly and Company, and Merck & Co., Inc., December 8-9, 1999.

⁵ The Mental Health-Friendly Workplace Circle was inspired by "Chart 1: An holistic approach to managing an individual," in "Line Managers' Resource: A Practical Guide to Managing and Supporting Mental Health in the Workplace," London, UK: mindOUT for mental health campaign, Department of Health, p. 8.

SECTION

Policies and Practices for the Mental Health-Friendly Workplace



III. POLICIES AND PRACTICES FOR THE MENTAL HEALTH-FRIENDLY WORKPLACE

This section amplifies some of the policies and practices noted in the Workplace Circle in Section II. The descriptions are intended to show a range of practice variations and point toward resources for more information or technical assistance. Items are arranged in alphabetical order for easy reference.

Americans with Disabilities Act (ADA)

Title I of the Americans with Disabilities Act of 1990, which took effect July 26, 1992, prohibits private employers, State and local government, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

With the passage of the ADA, employment of qualified individuals with disabilities became a civil right, enforceable by legal action. A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Any person has the potential need to be accommodated, on a temporary or permanent basis, which makes it a persuasive option as well as the right thing to do.

Reasonable accommodations are "...modifications to the job application process, the work environment, or job that will enable the qualified individual with a disability to perform the essential functions and enjoy equal benefits and privileges of employment. Employers do not need to provide accommodations if they can demonstrate that doing so would result in an undue hardship."⁶ See *Reasonable Accommodations* for examples. (See also *Disability Management*.)

The U.S. Equal Employment Opportunity Commission (EEOC) has responsibility for enforcing several different discrimination laws, including

Title I of the ADA. The provisions of the ADA apply to all employers with 15 or more employees. The Web site www.eeoc.gov provides very practical, plain-English facts and guidance for employers about compliance with the ADA.

Confidentiality Safeguards

Protection of an employee's right to privacy is a key policy element of any Mental Health-Friendly Workplace. Two major factors guide that policy: the protections ensured by the Health Insurance Portability and Accountability Act (HIPAA) and similar State legislation, as well as the specific wishes of the employee about how much information to share with his/her supervisor and coworkers.

State and Federal laws require a specific level of confidentiality for health information issues. In general, these laws stipulate that information regarding treatment—even the fact that one is receiving treatment—can only be released with the patient's (employee's) written permission.

To receive the protections of the Americans with Disabilities Act as “reasonable accommodations,” the employee must be willing to disclose to the employer that he or she has a disability. The congruence between the formal statements of the business and the informal climate of the workplace with regard to its mental health friendliness plays a significant role in an employee's willingness to self-disclose to request a “reasonable accommodation.” Interviews with employees who have self-disclosed reinforce the importance of flexible workplace practices, and supervisor and coworker support.

An employee assistance professional can be a consultant/resource for helping to create workplace policy and for training supervisors on Federal and local confidentiality requirements.

Disability Management

Disability management is the process of working effectively with employees who become disabled. Disability management includes the use of services, people, and materials to 1) minimize the impact and cost of disability to the employer and the employee; and 2) encourage return to work of an employee with disabilities.⁷

Although the term disability management may not be in general use in the workplace, in practice, all businesses are managing employee disability—to greater and lesser degrees of effectiveness.

This resource is designed to help move business practice toward more effective use of services, people, and materials to prevent or minimize the impact and cost of disability to the employer and the employee. The Mental Health-Friendly Workplace Circle in Section II depicts the major elements of employee work life that must be managed and supported by mental health-friendly policies and practices if *all* employees—including those with disabilities—are to thrive. The “return to work of an employee with disabilities” is also envisioned in the Mental Health-Friendly Workplace circle (see the Recruitment/Orientation, Away, and Return to Work segments).

Traditional disability management is thought of as rehabilitation for people with physical disabilities, and that is primarily the domain of vocational rehabilitation practitioners. The inclusion of mental or “invisible” disabilities in the provisions of the Americans with Disabilities Act has called for some new thinking about disability management.

One approach to disability management in the United States is to reduce the costs of disability insurance through activities designed to prevent disabilities from occurring and/or to minimize their impact on workers and employers. In this approach activities include: safety (prevention) programs, employee health and assistance programs, and return-to-work programs.⁸

Another approach to disability management centers on collaboration among employers. See *Mental Health Employer Consortium* (page 19), which describes the Maine Medical Center approach to disability management—a community-wide approach to managing the return-to-work aspects of disability management.

Employee Assistance Programs (EAP)⁹

EAPs are resources provided by an employer either as part of or separate from employer-sponsored health plans. EAPs typically provide preventive care measures, various health care screenings, and/or wellness activities.

EAPs have been around for several decades. Initially they were occupational alcoholism programs, but they soon evolved to include drug abuse and mental health. Now a broad range of work-life service options are available:

- Information and referral services for mental and behavioral health services;
- Individual in-person and telephone counseling;
- Grief, marital, or family counseling;
- Financial or job-related problem counseling;
- Training for supervisors in identification and referral for work-related

behaviors that may be indicative of a mental or behavioral health problem;

- Assistance for supervisors in techniques of problem-solving and providing reasonable accommodations to head off problems and prevent termination; and
- Consultation with corporate executives on EAP needs and program design.

It is estimated that more than 70 percent of the largest employers have EAPs. Smaller employers may arrange for some of the same functions and services (e.g., information and referral) through a managed care or other health care provider agreement.

Employee assistance programs in large corporations often are operated onsite as part of an employer-sponsored health plan. Some corporations with their own onsite health facilities still retain the services of an offsite employee assistance professional to work with the corporate human resource personnel and top executives to develop appropriate health and wellness strategies to meet corporate goals.

In addition to providing services to employees, EAPs can provide valuable training and consultation for supervisors to help them be aware of and pick up on the workplace behavior cues that may indicate an employee is experiencing distress. Most important, EAPs can help supervisors problem-solve with the employee and to arrange reasonable accommodations to head off problems, prevent termination, and increase workplace productivity. Consultation with the EAP on how to support and plan for the return of an employee who is away from work due to mental illness is also an invaluable resource.

Communication with employees about the EAP and other related benefits should be clear and frequent. EAP or community resource phone numbers, or Web site URLs should be posted on the company Intranet, in its newsletter, and on bulletin boards. Brochures should be kept in break rooms and other areas frequented by employees.

Family and Medical Leave Act of 1993 (FMLA)¹⁰

The FMLA, administered by the U.S. Department of Labor, applies to most employers of more than 50 employees. A covered employer must grant an eligible employee up to a total of 12 work weeks of *unpaid* leave (for covered conditions) during any 12-month period. Among the reasons eligible employees are entitled to leave are the instances in which an employee is unable to work

because of a serious health condition. “Serious health condition” is defined as an illness, injury, impairment, or physical or mental condition. For details of the FMLA, frequently asked questions, employer coverage and employee eligibility criteria, and other provisions of the law, go to www.dol.gov/esa.

Health Insurance (Mental Health Benefit)

Investment in a mental health benefit is an employer action that speaks louder than words about the mental health-friendliness of the business. Ideally the insurance investment will include appropriate coverage for treatment, prevention, and educational programs. It should be confirmed that the treatment and services provided are indeed available through an adequate network of providers. Employees need to be well-informed of the specifics with regard to their mental health coverage when choosing among health insurance options. Different States have different policies and/or laws with regard to mental health parity; therefore, it is very important that human resource managers adequately describe the differences in mental health care coverage if various health insurance plan options are offered.

Among the onsite programs that can be provided by health insurers are the following:

- Onsite screening and preventive health care programs, coupled with incentives for participation, including stress management and depression screenings;
- Educational seminars on mental health topics;
- Supervisor education on detecting mental illnesses in the workplace; and
- Rapid response teams for crisis intervention.

A health insurer’s toll-free information access line should be well publicized to supervisors and employees. Persons who are experiencing distress or simply want to learn more about symptoms of specific mental illnesses should have the phone number and Web site URL for reaching this resource close at hand.

(See also *Employee Assistance Programs*, page 16, and *Health and Wellness Programs*, page 19.)

Health and Wellness Programs

These programs focus on maintaining a state of health and well-being through health promotion. The *American Journal of Health Promotion* defines this concept as follows: “Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices. Of the three, supportive environments will probably have the greatest impact in producing lasting change.”¹¹

Many wellness programs are started in an attempt to hold down skyrocketing health care costs (see the Highsmith Inc. business portrait in Section IV) or to reduce or ameliorate the effects of stress in the workplace. In recent years, many employee assistance programs have incorporated work-life balance and other wellness dimensions.

See Appendix B for resources that can help in creating wellness programs.

Mental Health Employer Consortium ¹²

An employer consortium is formed in a community for one or more of the following purposes:

- To educate employers in the community about mental illnesses and their effect on employment;
- To develop strategies and supports among employers to use when persons with known mental illnesses require some form of assistance to preserve their job;
- To increase the ability of the member employers to support a diverse workforce in general;
- To help employers determine what workforce accommodations are appropriate for persons with mental illnesses;
- To increase the number of people hired who are known to have mental illnesses; and/or
- To provide a forum in which employers can seek and attain support from one another to address issues and concerns that may arise.

A local employer, such as a hospital or university, may decide that it is willing to sponsor a consortium. This organization brings special psychiatric and vocational expertise. The sponsor may seek seed money from a local

foundation or a community betterment fund within its own organization. The sponsoring organization identifies local employers to approach.

Employers who have participated in the development of a consortium report that the process of joining, as well as hiring people with known psychiatric disabilities, changed them as individuals and changed their companies.

Changes included:¹³

- Reduced fear and stigma;
- Increased comfort with and trust of persons with mental illnesses;
- More willingness to work toward positive solutions;
- More knowledge about how to handle problems;
- More detailed understanding of accommodations; and
- Better management of people with mental health issues who were not identified in the past.

The Maine Medical Center, with support from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, documented and published a record of the experience of developing a Consortium. The 83-page booklet, “Business Partnership, Employment Outcomes: The Mental Health Employer Consortium,” is available from the Maine Medical Center, Department of Vocational Services, 22 Bramhall Street, Portland, ME 04102; Telephone: (207) 871-2088.

Mental Health-Friendly Practices on a Limited Budget

Even with limited resources, smaller companies can create Mental Health-Friendly Workplaces in which employees with mental illnesses are valued and the workplace climate is accepting and supportive of good health, including mental health. To begin, here are a few examples that every business can have:

- Formal and informal policies about workplace conduct and how coworkers treat each other;
- Speakers on mental health topics from local mental health organizations;
- Resilience-building activities that protect against the effects of workplace stress, perhaps led by an employee with special expertise or interest, such as yoga, tai chi, or lunchtime fitness walks (employees training employees) or workshops on problem-solving, effective communication, and conflict resolution;

- Training in what every supervisor needs to know to help create and support a mental health-friendly environment (initial resources for training provided in this resource);
- Brochures from local community mental health organizations about how to access services; and
- Mental Health Awareness Month or other visible mental health-friendly events/activities and education/information materials (see Section V of this resource).

The Coffee By Design business portrait in Section IV vividly illustrates the old adage: “where there’s a will there’s a way.” Even small business can find resources in the community that can help provide education, information, treatment, and supervisory training. FREE mental health education materials and information about services are readily available from highly reliable sources such as the Substance Abuse and Mental Health Services Administration and the National Institutes of Health, both of the U.S. Department of Health and Human Services via their Web sites. (See Appendix B, “Resources for Building Mental Health-Friendly Workplaces.”) Within your State, county, or city public agencies and mental health organizations can provide services and information. These can even be accessed through some of the national Web sites listed in Appendix B.

Peer Mentor or Buddy System

This is an idea that is equally useful for all employees entering a new corporate environment. It is especially beneficial for someone who is entering the workplace with fears of being stigmatized or avoided by other employees. Peer mentors or buddies are a personal adjunct to the business’s more formal orientation activities.

The goal of this kind of mentoring or buddy system is to help the new employee become fully integrated into the work group and the culture of the workplace as quickly and comfortably as possible. Peer mentors or buddies could be a group of employees who volunteer to serve in that capacity, or they could be appointed to the role as an acknowledgment of their good interpersonal skills and corporate citizenship abilities.

Mentors or buddies need to be oriented to the business’s desired outcomes for the activity and to the essential aspects they should cover, such as organizational values, informal policies, and norms for how people work and communicate with each other. Mentors need to be good listeners, as well. As they get to know the new employee, they can facilitate introductions to individuals and activities that are likely to be enjoyable. (See also *Peer Support*.)

Peer Support

This is a variation on the peer mentor or buddy concept. Here, the peer connection is to another person or group of persons (sometimes called self-help groups) who also have experienced mental illnesses. Identifying peers for this purpose requires all persons involved to be willing to self-disclose. The idea is that the returning employee's transition is much smoother and more comfortable when an understanding buddy (or group of coworkers) is willing to share the journey and support another's return to full employment. Peer support groups also can be found outside the workplace. Employee assistance programs may keep lists of local peer support groups. Local chapters of national advocacy organizations such as the National Mental Health Association (NMHA), the National Alliance for the Mentally Ill (NAMI), and others listed in Appendix B, are a resource for finding information about local self-help groups (peer support groups). In addition, the health section of local newspapers often lists local support groups for persons with different mental illnesses. (See also *Peer Mentor or Buddy System*.)

Reasonable Accommodations

The need for reasonable accommodations for a person with a mental illness usually is requested by the employee in discussion between employer and employee. Equal Employment Opportunity Commission (EEOC) regulations (pertaining to the Americans with Disabilities Act) specify that the employer should take into account, but is not obligated to abide by, the employee's preference within the range of effective accommodations. The employer is not required to provide accommodations that would pose an "undue hardship" on the operation of the business. Similarly, workers cannot be forced to accept accommodations that are neither requested nor needed. From time to time, laws and court decisions change policies and requirements. It may be important to check for updates at www.eeoc.gov.

One study of employers who have made reasonable accommodations for employees indicated that employers had not made these accommodations to comply with the law. Rather they cited other reasons specifically:

- It made good business (i.e., financial) sense;
- Such modifications are made for any employee who needs them;
- They had come to value the worker over time (e.g., for his/her skills or reliability); and
- They had empathy for the worker's needs and considered the accommodation fair or humane.¹⁴

Examples of reasonable accommodations for persons with mental disorders, as required by the Americans with Disabilities Act, could include:

Schedule modification

- Allowing workers to shift schedules earlier or later
- Allowing workers to use paid or unpaid leave for appointments related to their mental disability
- Allowing an employee to work part-time temporarily (e.g., when first returning from an absence)

Job modification

- Arranging for job sharing
- Reassigning tasks among workers
- Reassigning the employee to a vacant position

Modifications to the physical environment

- Providing an enclosed office
- Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces

Changes in policy

- Extending additional paid or unpaid leave during a hospitalization
- Allowing an employee to make phone calls during the day to personal or professional supports
- Providing a private space in which to make such phone calls
- Allowing workers to consume fluids at their work stations throughout the work day (e.g., if needed due to medication side effects)

Provision of human assistance

- Allowing a job coach to come to the work site
- Participating in meetings with the worker and his/her job coach or other employment service provider

Provisions of assistive technology

- Providing a portable computer to enable an employee to work at home or at unusual hours
- Providing software that allows the worker to structure time and receive prompts throughout the work day

Supervisory techniques

- Offering additional supervisory sessions
- Offering additional training or instruction on new procedures or information

Supervisor Training

It is reported that many supervisors (as well as other employees) are not well informed about mental illnesses, skilled in managing employees with mental illnesses, or well versed about the requirements or protections of the Americans with Disabilities Act (ADA).¹⁵

To invest in other mental health-friendly policies and practices, and to overlook the training of supervisors would be short-sighted, indeed. It is understood that supervisor time for such activity is costly for an organization, and therefore limited. Employee assistance programs often provide supervisor training as a part of their service, and they usually are available for supervisor consultation on how to handle difficult situations.

Some introductory supervisor training materials are provided as a part of this resource (see Section VI). They provide a starting point to engage supervisors in the creation of a more accepting, stigma- and discrimination-free, Mental Health-Friendly Workplace.

Supported Employment (SE)

Supported employment is a service provided for persons with severe mental illnesses and their employers. SE programs help persons with severe mental illnesses find and keep jobs.

A review of effective SE services identified six critical goals for SE:¹⁶

- Pay is at least minimum wage but, preferably, at the prevailing wage rate;
- People with and without disabilities work together in an integrated setting;
- Support is ongoing and provided as needed;
- Services are individualized;
- Job selection is based on a person's preferences and skills; and
- Competitive employment is the goal.

SE program services vary across the country. The “job coach” is one popular model: A prospective employee is assigned a job coach to assist with finding a job and to provide vocational support either on or off the job site. Most support is provided in the community rather than in a mental health or other treatment center. The job coach may work with the employee, employer, and others (e.g., coworkers or family members) to promote a successful work experience.

Employers should be aware that employees with severe mental illnesses may receive Federal or State benefits such as Medicaid or Medicare or Social Security Disability Insurance benefits. While these benefits may supplement those provided through employer-sponsored benefit programs, they also may complicate decisionmaking for employees who are striving to protect access to these important benefits. Receipt of such benefits, for example, often limits how much an employee can earn before being removed from the benefit rolls. Such work limitations may lead employees to engage in counterintuitive behaviors, such as as refusing promotions, increases in work hours, or pay raises.

Employers must recognize that these behaviors do *not* indicate a lack of interest in or dedication to the job. Employees in such circumstances may need assistance to help determine how their public benefits will be affected by their work situation. The Social Security Administration supports benefit planning assistance and outreach centers that can be of great use to such employees (see www.ssa.gov/work or www.jan.wvu.edu/SBSES/VOCREHAB.htm). Supported employment programs are also well versed in such issues.

SE programs are funded by a number of Federal and State government agencies, including State offices of vocational rehabilitation (VR) and State mental health authorities. Medicaid rehabilitation funding is available for some aspects of SE in some States. The Social Security Administration’s Ticket to Work and Work Incentives Improvement Act of 1999 established a new initiative to provide greater access and choice for employment services in the community (see www.ssa.gov/work).

Endnotes

⁶ *Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless* (Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2002), p. 71.

⁷ Gabriel, Phyllis and Marjo-Riita Liimatainen, glossary to *Mental Health in the Workplace* (Geneva: International Labour Office, 2000).

⁸ O'Reilly, Arthur, "The Right to Decent Work of Persons With Disabilities: IFP/Skills Working Paper No. 14 (Geneva: International Labour Office, 2003), p. 69.

⁹ The acronym EAP is also used to refer to an employee assistance professional and/or an employee assistance plan. In this document, unless explicitly noted otherwise, it is used to mean employee assistance program.

¹⁰ Information on the Family and Medical Leave Act of 1993 was taken from "Fact Sheet #28: The Family and Medical Leave Act of 1993," U.S. Department of Labor, www.dol.gov/esa (April 22, 2004).

¹¹ O'Donnell, Michael P., *American Journal of Health Promotion*, 3, no. 3 (1989): 5.

¹² Information on employer consortiums is drawn from Richard Balser, Helaine Hornby, Karen Fraser, and Christine McKenzie, *Business Partnerships, Employment Outcomes: The Mental Health Employer Consortium* (Portland, ME: Maine Medical Center, 2001).

¹³ *ibid.*, p. 51.

¹⁴ Mancuso, Laura L., M.S., C.R.C. "Case Studies on Reasonable Accommodations for Workers With Psychiatric Disabilities." In *Case Studies on Reasonable Accommodations for Workers With Disabilities* (study funded by the Community Support Program, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, June 1993). Available online at www.mentalhealth.samhsa.gov/publications/allpubs/CSoo-ooo8/default.asp.

¹⁵ For example, in qualitative research conducted by Greenberg Quinlan Rosner, June-July 2002, and in focus groups of business community managers conducted by The Gallup Organization, April 2003.

¹⁶ "Supported Employment for Persons With Psychiatric Disabilities: A Review of Effective Services," developed by the National Mental Health Association as part of the Targeted Technical Assistance project of the National Association of State Mental Health Program Directors (NASMHPD) and the Division of State and Community Systems Development (Mental Health Block Grant) of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (no date), p. 3. Available at www.mentalhealth.samhsa.gov (search site by document title).



SECTION

Profiles/Portraits of Mental Health-Friendly Workplaces

IV

IV. PROFILES/PORTRAITS OF MENTAL HEALTH-FRIENDLY WORKPLACES

The following vignettes illustrate successful Mental Health-Friendly Workplaces. These businesses have implemented policies and procedures that benefit not only the morale and well-being of employees, but also their own bottom line. The first profile is of Coffee By Design, a small business employing 34 people. Next is Highsmith, Inc., a mid-sized firm with about 200 employees. The final profile is of a large corporation, Quad/Graphics, a 12,000-employee organization. These *Mental Health-Friendly Workplaces* are forward-thinking in their approaches to their employees' health and well-being, which is a key to their overall success.



Coffee By Design Portland, Maine

Coffee By Design (CBD) is a 10-year-old, locally owned and operated coffee chain and wholesaler in Portland, ME. Husband and wife owners, Alan Spear and Mary Allen Lindemann, co-own the business. They describe their corporate interest as focusing on “long-term relationships with the people with whom we work—both employee and vendor—as well as with those we serve. We hope to create an

environment that is pleasant, professional, and rewarding for our customers and 34 employees.”

CBD also has a long-term commitment to the local community and has been an active participant in the revitalization of downtown Portland. In addition, CBD strives to protect the environment, recycling and using recycled products whenever possible and working with vendors and suppliers who share their commitment to the environment and a better world. Not only is CBD committed to the Portland arts and business community, but to the State of Maine as well. Lindemann is the current president of Maine Businesses for Social Responsibility.

Inspiration

Shortly after opening the coffee shop a decade ago, Lindemann was inspired by a television report describing a European village that took responsibility for the mental health needs of its residents. At the same time, she said she had

read about Maine's transition from a centralized residential/institution-based mental health system to a community-based one. These experiences led to a simple, yet profound epiphany for Lindemann: "One person at a time, we can make a difference."

CBD's emphasis on and commitment to mental health emerged when Maine made that transition. Under the new, community-based, mental health system, many people who had been institutionalized for serious mental illnesses were encouraged to re-enter society. The public simply did not understand this change overnight and, as Lindemann explained, "we had to work at it."

Support in Times of Distress: Employee Story

While CBD was working to become more mental health-friendly through its customer service, a staff member began showing symptoms of a mental health problem. This young woman was an exemplary employee whose behavior suddenly changed. "We realized internally that we were all faced with mental illness and, instead of her, it could be any one of us." Earlier, the employee had called a number of her coworkers and asked them to meet her to talk. In retrospect, they felt that, had they known then what they learned later about signs and symptoms, they would have recognized that this coworker was reaching out.



Distress

On the day the young woman experienced a change in behavior suggesting she needed immediate assistance, Lindemann personally took her to a psychologist. Eventually, the young woman was admitted to a residential facility, but not without her family's consent. Lindemann said, "Calling her parents was the hardest thing to do. I had to tell them this situation was so bad that I was afraid this woman might hurt herself." Later, they learned that the woman had recently experienced a traumatic end to a relationship.

Away

Once the employee was admitted to a residential facility, CBD began a campaign to make her feel welcome to return to work when she was ready. Lindemann visited the employee regularly, as did many of her coworkers. When the woman returned home to her parents in Connecticut, they wrote letters and e-mails as often as possible. CBD, unwilling to deliver a second blow

to a family in crisis, continued the employee's insurance at their own cost until she was stabilized and could transfer to COBRA. "The stability of our coverage was far more important than the cost," said Lindemann.



During this time, the entire corporate team began asking, "What can we do now to help and support our coworker?" In response, CBD took the entire staff to speak with a psychologist who was a regular customer. At her office, staff members discussed their feelings and learned about the signs of mental illnesses. The lessons learned from this event were, "It happens here. Mental illnesses are all around us and it could be any one of us."

Shortly thereafter, other staff members began disclosing their own battles with mental illnesses, including depression and bipolar disorder, and CBD immediately mobilized efforts to address the question of how to make CBD a comfortable workplace for someone with a mental illness. Lindemann began making phone calls to a number of organizations and businesses already addressing these issues, and quickly learned tips from them. For example, she was told the stress of an 8-hour shift may be hard for someone experiencing bipolar disorder. To learn more, Lindemann contacted one of CBD's wholesale clients—Manic Designs—a coffee house born out of a for-profit mental health organization that is run entirely by people with mental illnesses. Lindemann spoke directly with several of their employees to get tips and testimonials about what works best in the workplace when you have a mental health problem.

Return to Work

After a year-and-a-half of recovery, the woman returned to CBD. Her first day on the job was moving for both employer and fellow employees. Her employer was deeply impressed by the progress she'd made



and by her courage to return to work. At the same time, many employees who knew her previously were still upset about what had happened. Rather than make an issue of the reintegration process, Lindemann and the returning employee had informal discussions with the other employees about it. The employee chose not to disclose an exact diagnosis, but did not hide her struggle with mental illness. CBD emphasized that, in its workplace, “disclosure of a diagnosis is unnecessary, but honesty is of the utmost importance.” Her willingness to disclose helped her fellow employees accept what had happened and work together to support her through her transition. Once other workers began self-disclosing, very quickly they were reassured by coworkers that they were not crazy, and that these illnesses would not keep them from leading a regular life.

Lindemann said of the experience, “We learned that, as a business and as human beings, we need to be aware and listen when someone calls to talk or get together. They may be in need of mental health assistance, and if we’re all talking honestly about it, we can help that person get the help that he or she needs.”

Employee Empowerment

As the transition from institutional care to community-based care took place in Maine’s mental health system, a lot of social workers and their clients were attracted to CBD, which served as a meeting place for them. CBD employees began to notice some of their customers were struggling with mental illnesses. “You can usually sense that a person is in distress. They are more easily agitated than usual,” Lindemann said.

Because persons with mental illnesses frequented the coffee shops, the CBD team requested employee training about mental illnesses.

A representative of the State’s Department of Behavioral Health Services came in on more than one occasion to train employees on how to work with customers who have mental illnesses. These trainings empowered the employees by providing them with information and insights on how to treat customers with sensitivity and respect.



Promoting Mental Health

CBD took advantage of its relationship with the Department of Behavioral Health Services to showcase its mental health resources and brochures during Maine's Mental Health Month. They handed out a large volume of materials, and afterwards, Lindemann was inundated with messages from community members who expressed great support for the accessibility of these resources.

Benefits

The State of Maine requires that mental health insurance be part of overall health insurance policies. On principle, CBD has always worked to acquire a generous benefits package, complete with maternity and mental health coverage. Recently, short-term disability was added.

Results

In 1994, Mary Allen Lindemann and Alan Spear established CBD as a coffee roaster. They now operate three coffee houses in Portland and a wholesale coffee roasting business *that has achieved 40 percent annual earnings growth*.

In 2002, CBD won an award from the Disability Rights Center for work on behalf of people with mental illnesses based on a word-of-mouth nomination.

In 2003, Aetna, Inc. named Coffee By Design its northeast region winner of the Small Business of the Year award. Factors in the award included:

- Exemplary community involvement;
- A unique start-up story;
- Overcoming significant business obstacles; and
- Outstanding earnings growth and profitability.

In announcing this award, James Reid, Aetna spokesperson, said, "Coffee By Design is a great example of how small business owners can achieve profitable growth and become leaders in local communities like Portland."

"A Mental Health-Friendly Workplace is inseparable from our bottom line," said Lindemann. CBD is thriving, even in the face of fierce competition from mega corporations like Starbucks and Dunkin' Donuts.

Highsmith, Inc.

Fort Atkinson, Wisconsin

Highsmith, Inc., based in rural Fort Atkinson, WI, is a distributor of supplies, furniture, and equipment to public, academic, and special libraries, including schools and school libraries throughout the United States and abroad. Founded in 1956, Highsmith employs more than 200 people and markets 25,000 products through more than a dozen specialty catalogs and direct sales. A staggering increase in health care premiums caused the corporation to reexamine its culture and to institute programs now credited with holding premiums at a steady level, increasing productivity, and maintaining very low turnover.



Highsmith has a reputation as an innovator in organizational design, employee development, health risk management, and wellness programming. It is a two-time recipient of the Wellness Council of America's Gold Well Workplace Award and the inaugural recipient of its Platinum Well Workplace Award. Highsmith also has been featured on the "NBC Nightly News With Tom Brokaw," and in *The New York Times*, *Business & Health* magazine, and *MSN.com*.

Inspiration

In 1989, Highsmith experienced a 53 percent increase in overall health care costs. Executives began developing initiatives to "manage their health care

"If employees feel good about themselves and what they are doing, they are healthier and more productive."

**—Bill Herman, vice president,
human resources**

costs rather than let health care manage them." Highsmith made three key decisions: (1) to transition its workforce to a managed care environment; (2) to use money as a motivator to encourage healthier practices; and (3) to develop a wellness program that addressed both physical and mental well-being.

Striving for more than a "typical" corporate wellness program, Highsmith focused on the development of human potential, on

support of healthy lifestyle choices, and on wellness. For example, monetary incentives are tied to health insurance premiums. Under the incentive plan, employees who meet eligibility requirements (not using any tobacco products, participating in the annual health screening, and completing annual physical exams) pay only 25 percent of the health insurance premium. Those who do not meet the eligibility requirements are covered under the base plan, in which Highsmith pays 60 percent of the premium and the employee pays 40 percent.

As time passed, Highsmith stayed current with best practices in health care, adjusted for changing employee demographics, stayed abreast with research, and continued to develop its model. Highsmith was influenced strongly by a 1998 breakthrough study performed by the Health Enhancement Research Organization (HERO, www.the-hero.org), that showed quantitatively and convincingly, that depression and stress were the leading causes of health care cost increases in the United States—surpassing even tobacco use and heart disease.

As a result, mental health is integral in Highsmith’s overall view of health and well-being. Mental health-friendly practices are both implicit and explicit in the corporate culture.

Highsmith’s Essentials for the “Accountable Organization”

Learning and Development: T.A.G.

Total commitment to developing human potential.

Access to learning opportunities.

Growth as an individual and as a company.

Enactment

Highsmith also revamped its organizational structure by adopting a team-based environment that promotes problem-solving, leadership, and group interaction skills. Curricula were developed and offered to all employees to develop these skills and to expand

other personal interests as well. The intention is to move decisionmaking closer to the task and make employees accountable for both.

The cornerstone of Highsmith’s “accountable organization” is T.A.G., Highsmith’s learning and development initiative. The course catalog is the most visible tool, with class offerings spanning:

- **Job/Career Development** (e.g., Basic Principles for a Collaborative Workplace; Identifying Work Priorities and Setting Verifiable Goals; Now, Discover Your Strengths)

- **Personal Well-Being** (e.g., First Aid Kit for the Mind; The Power of Positive Self-Talk; Assisting Aging Parents; Chair Massage)
- **Self-Care** (e.g., Breast Health; Headaches and Migraines; Protect Yourself From Identity Theft)
- **Physical Well-Being** (e.g., Discovering Dr. Phil's Ultimate Weight Solution; Managing Cholesterol; Supplements and Herbal Remedies)
- **Work/Life Enrichment** (e.g., Boating Safety; Mechanics of Mutual Funds; Balancing Work and Family)

The personal well-being component targets emotional health. Stress, depression, and anxiety are frequently visited topics of discussion and self-assessment. Highsmith has recognized that to bring mental health awareness information and education to an organization successfully, a conscious effort must be made to sensitize members of that organization to the stigma that surrounds mental illnesses.

Within T.A.G., Highsmith offers a comprehensive menu of health promotion and disease prevention activities and programs, such as mental and emotional health programming and screenings, domestic abuse outreach and education, and stress reduction and time management programs, to name just a few.

“Through our learning and development initiatives, we try to guide team leaders to help their employees make good decisions and encourage them to learn about our services. If they have a worker with stress and anxiety or depression or troubles at home with a child, we help managers point them toward human resources and available services.”

— Bill Herman
vice president, human resources

Employee Assistance Program (EAP)

In describing this important tool to balance work and life, Bill Herman, Highsmith's vice president of human resources, said “Our relationship with our EAP is critical to our success in dealing with work-life balance and personal well-being. **We made a conscious decision to heighten awareness of mental health issues.** We have partnered with our EAP, National Employee Assistance Services (NEAS), to assist us in making our vision a reality. We have learned from each other and work very closely together to provide employees with tools to balance work and life.”



During their orientation, new employees are introduced to the T.A.G. model. Emphasis on personal well-being starts immediately. All new employees attend a session called T.A.G. Essentials: First Aid Kit for the Mind, which is presented by a counselor from National Employee Assistance Services. Participants learn about signs of mental illness; information about stress, relationships, depression, and substance abuse; tips for maintaining mental fitness,

and where to go for help. Each employee participates in confidential self-assessments on stress management, relationships, and depression. Laura Hanson, manager of learning and development, said, “This training session helps to establish the foundation regarding the importance of personal well-being and encourages employees to build awareness about mental health topics.”

Annual Health Screening

Each year, employees and their spouses can participate in a free, comprehensive health screening held during work hours. The screening includes: height and weight assessment, cholesterol lipid panel and glucose test, blood pressure check, and treadmill fitness walking test. After the tests are completed, participants meet with a health educator to go over their results and set lifestyle goals. Next, the participant meets with an NEAS counselor to talk about personal well-being and learn more about the tools and resources NEAS provides to balance work and life. Last, participants meet with Laura Hanson to learn about the health resources and services Highsmith provides for employees and their families.

For the last 2 years, the NEAS station at the health fair has featured a resiliency survey. The survey asks questions such as, “Given the current economic environment and what is happening to our business, where are you on the resiliency scale?” There are 10-12 categories to indicate where the individual is on this scale, from hopeless to hopeful.



Communication With Employees

Highsmith's Intranet

Highsmith's Intranet has become an effective tool to educate employees and provide resources on health and wellness. The E-Health section links employees to quality health information on a variety of topics from blood pressure, weight management, and fitness to depression and anxiety, relationships, and domestic abuse. Leader's Edge is an area of Highsmith's Intranet that features resources for line managers, including "Your Role and the EAP."



Quarterly State of the Business Meeting

The CEO and CFO meet with employees quarterly to go over the state of the business and openly discuss finances, even though Highsmith is a private company. The CEO talks about what is going on in the business and its future challenges, and solicits questions and feedback.

Support in Times of Distress: Employee Stories

Finding Support and Comfort

An employee experienced depression after her husband of 20 years decided he wanted a divorce. She became a single mother of a teenage son and felt her life slipping out of control. She did not know where to turn for help but found support and comfort at Highsmith. Highsmith assisted her with educational opportunities in personal well-being and referred her to a counselor from NEAS. With the consent of the employee, Bill Herman also worked with NEAS to provide her team with information on depression and discuss ways they could support her during this difficult time. In addition, the employee's line manager provided her with time off from work to attend therapy sessions. The employee discovered the positive impact of physical activity on her emotional well-being and overall health. As a result, she started to use the one-mile path that surrounds the building to walk during her breaks, joined the onsite exercise classes, and saw dramatic changes in her overall health. She said, "If it wasn't for the people at Highsmith, I would not be here today."



Overcoming Anxiety

When the order processing team was cross-trained to take customer orders, several team members were extremely reluctant to get on the phones with customers. More than just nervous, they felt they simply could not do the jobs. Highsmith contacted NEAS for recommendations on how to work through this

problem. NEAS met with managers to explore the complexities of dealing with anxiety. Employees were referred to NEAS, where they worked with a counselor, and were supported by Highsmith through the transition. Management education and awareness, coupled with guidance from NEAS, created a framework for employees to overcome their issues with anxiety.



Improving Health

“NBC Nightly News With Tom Brokaw” did a segment on Highsmith and the success of its wellness initiatives. During their visit to Highsmith, NBC producers interviewed an employee with problems maintaining self-esteem and her struggles to manage diabetes, weight, and high blood pressure. Laura Hanson had worked closely with the employee to help her manage her health and personal well-being. On national television, the employee was quoted as saying, “Highsmith saved my life.”

Results

Making the choice to integrate mental health into a comprehensive approach to encourage healthy lifestyle choices has paid off for Highsmith. At a time when health insurance premiums are increasing at double-digit rates, *Highsmith's premiums have held steady*. The rate increase for 2002 was 2.9 percent, and 3.1 percent for 2003.

Employee loyalty was tested in April 2002 when a workforce reduction affected 31 employees. A month later, the EAP conducted a resiliency survey that found that faith and trust in the management remained solid. Average length of service is 13 years, with minimal turnover. From 1999 to 2002, turnover in the Madison/Milwaukee business corridor overall averaged 22 percent, but Highsmith's turnover was around eight percent.

Final Words

At Highsmith, wellness is not viewed just as a program, but rather as a strategic initiative to nurture the valued workforce to meet corporate goals and objectives.

Highsmith's overall environment—engaged employees, emphasis on learning and development, tools to balance work and life responsibilities, and health and wellness programming—positively impacts health insurance premiums, turnover, and productivity. This all contributes to the unique culture that is Highsmith.

Duncan Highsmith, chairman and owner, said, “If a wellness initiative is to succeed as a long-term business strategy, it must change lives, not just the bottom line.”

Quad/Graphics Pewaukee, Wisconsin

Quad/Graphics was founded in 1971 with 11 employees in an abandoned millwork factory in Pewaukee, WI. Since then, the firm has grown rapidly, adding several other facilities in Wisconsin as well as in States across the country. Today, Quad/Graphics is the largest privately held printing company in the world, employing 12,000 employees spanning more than 20 print-production facilities on three continents. Among its more than 1,000 clients are magazines such as *Architectural Digest*, *National Geographic*, *Shape*, *BusinessWeek*, *Time*, *U.S. News & World Report*, and *Newsweek*; and catalogs such as Lands' End, Victoria's Secret, Cabela's, and Coldwater Creek.



Early in the company's development, a strong emphasis was placed on employee welfare, which led to the creation of QuadMed, an internal medical division that provides employees with complete wellness coverage. QuadMed's employee assistance program (EAP), well into its second decade, is a model for other companies around the State and across the country. It is administered through QuadMed.



Inspiration

Quad/Graphics started out as a small, family-run printing company. Because of its commitment to the whole individual, employee welfare has been a priority since day one. Creating a division to handle its growing employee ranks and their physical and emotional needs seemed a natural fit early on in the company's development. This has since blossomed into a full-service medical division with a well-rounded EAP that can handle virtually any aspect related to work wellness. QuadMed offers a wide range of medical services, from internal medicine to pediatric care, drug and alcohol abuse counseling, and other EAP services.

Enactment

The philosophy at QuadMed's EAP centers on life skills and workplace functioning. Within this context it addresses mental health, as well as a host of other issues. EAP counselors teach managers to speak with employees from the position of workplace performance, rather than trying to tackle issues themselves. They also provide a working script and a series of "do's" and "don'ts" for managers. Because QuadMed features comprehensive onsite services ranging from a fully staffed medical clinic to drug and alcohol abuse counseling, it is able to position the EAP as a focal point for most any issue that may be affecting work performance. For mental health, QuadMed's EAP is able to provide initial counseling and diagnoses and makes offsite referrals for longer-term cases.

One of the factors unique to Quad/Graphics is the nature of its work, which is largely shift-based print production. Each summer, the company is at its busiest, printing holiday catalogs that require round-the-

"Managers find this useful ... there's often some relief when they learn that there's some direction they can take if they find a problem."

—QuadMed Employee Assistance Counselor

clock work. During this time, people may be required to work overtime, and stress can be an issue. The EAP proactively tries to address this by making employees aware of its services and benefits through corporate communications channels. It also offers screening and stress management classes throughout the year.

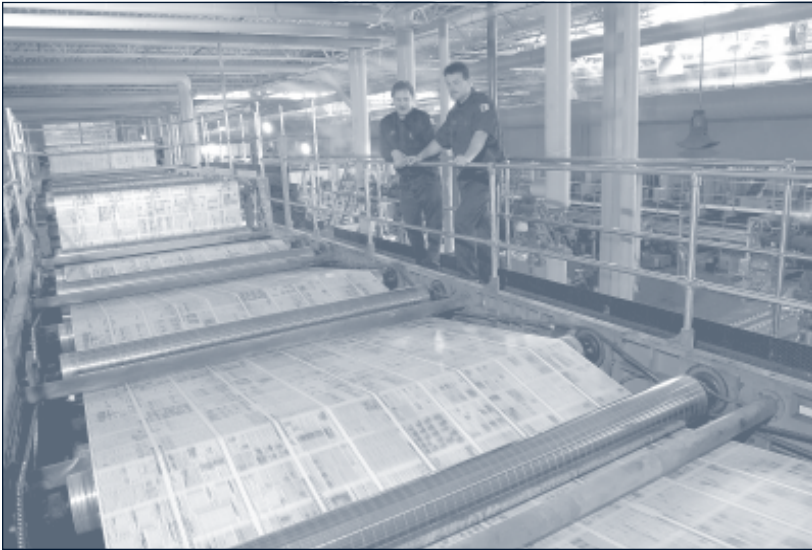
When Quad/Graphics's EAP first introduced a mental health component as part of its workplace wellness training for managers, it found that managers often wanted to diagnose employees, or sometimes serve as ad hoc counselors. Based on this, QuadMed retooled its materials to focus more on identifying issues and referring employees to the EAP as warranted, thus reducing supervisor responsibility and streamlining the process. The revised materials avoided terms like "depression" and "anxiety," focusing on the manifestation of behavior rather than the cause. The EAP also has modified the training to include group leaders and supervisors, who while not technically managers, do have some employee oversight in a team-based setting.

Support in Times of Distress: Employee Stories

Staying Visible

During times of crisis, QuadMed makes itself and its services more visible to employees. For example, in the summer of 2002, two incidents created more short-term stress and mental health concerns for employees. The company experienced a catastrophic fire at its Lomira, WI, printing plant. The fire caused a 10-story storage facility to collapse, claiming the life of a contract employee—the first onsite fatality in the company's history. Around the same time, Quad/Graphics suddenly lost its president, Harry V. Quadracci, in a drowning accident. To handle these two significant events, QuadMed's EAP put together packages not just for the bereaved, but also for the rest of the company in a proactive effort to address the many issues raised. EAP staff members also made their presence felt physically by going around the plants and speaking to employees on an individual basis to let them know they were available to help if needed.

Quad/Graphics's leadership in returning disabled employees to work earned it the CNA Insurance Company's first-ever CNA Disability Accommodation Award in 1995. "Quad/Graphics has been willing to create temporary positions for employees during their recovery periods and has used our disability specialists to identify accommodations," said Chris DiSipio, CNA assistant vice president of special risks.



Using Employee Advocates

Recently, one of the employees at Quad/Graphics had what appeared to be a psychotic episode. Many people at work noticed some disturbing changes in this employee's behavior and commented on it. The behavior had reached the point that the company's internal security became involved due to concerns

about the personal safety of the individual and other Quad/Graphics staff.

To address this, Quad/Graphics and QuadMed capitalized on their “employee advocate” program. Employee advocates are long-term employees who work as a liaison between workers and management, and handle grievances through mediation and other services. They became involved to ensure the employee was treated fairly and in accordance with the law. With an advocate's help, the company was able to get the employee evaluated by QuadMed's EAP and refer the employee to needed mental health services. The EAP found an appropriate referral, and the employee's care was handled in an outpatient setting.

During the employee's absence, the EAP worked on disability paperwork, to ensure that disability payments would be maintained. Managers also took time to prepare for this employee's return to work, as they wanted to strike a balance between being sensitive and not seeming condescending. To do so, they brought in a temporary employee to assist with the workload for a short amount of time when the employee returned. They also made sure to bring the employee back on a Thursday in order to become reacquainted with the environment without having to jump right into a full work week.

To further help with the transition back to work, QuadMed worked with the employee on how to handle questions about the absence from work, in order to minimize focus and maximize confidentiality. As a result, the employee is still working at Quad/Graphics, and has reported no social consequences from the absence, as well as a very smooth return to work.

Results

QuadMed has become a vital part of the Quad/Graphics family. Its services are models for other firms, and it has been so successful as an EAP provider that it has even been outsourced to other companies. The company realizes that the investment in an EAP is not always purely demonstrable in monetary terms, but adds that employees' consistently high morale, plus the fact that QuadMed and its services are highlighted in company recruiting, speak well of the program. Perhaps the most telling result is that employees who have recently relocated from Wisconsin to a new plant in Oklahoma City have requested that onsite EAP services be added. QuadMed has plans to do just that.

SECTION

Resources for Communicating About Mental Health in the Workplace



V. RESOURCES FOR COMMUNICATING ABOUT MENTAL HEALTH IN THE WORKPLACE

This section of the resource has two purposes: (1) to describe the importance of internal communication with employees about their business's own mental health-friendly policies and stimulating awareness and interest among employees, and (2) to introduce the ready-to-use communication tools that are a part of this resource.

Communication with employees is as important and feasible for the very small business as for the Fortune 500 company. Communication channels within a business—formal and informal, from bulletin boards to all-hands meetings and publications—should be employed to inform and educate all employees about mental health and mental illnesses. They also should inform employees about how stigma and discrimination toward persons with mental illnesses may keep someone from seeking help. Further, employees need to be made aware of the pain they may inflict on others when they use thoughtless, stigmatizing language or behaviors, even language or behaviors used in jest.

Opportunities for Internal Communication with Employees

There are frequent opportunities to weave information about mental health-friendly policies and resources into routine communication and special workplace events.

- New employee orientation can include an EAP representative. Give an employee a chance for a one-on-one meeting or have the representative do a full group presentation about mental health in the workplace and stigma and discrimination reduction.
- Add information to e-mail signatures with an intriguing statement like “Get the facts about mental health, visit www.allmentalhealth.samhsa.gov.” E-mail also can be an effective way to disseminate messages. Articles or other discussions of mental health can be disseminated to employees periodically via company e-mail. Again, the anonymity this offers might be very comforting to employees. Web site resources are suggested in Appendix B of this resource.
- Another way to point employees to the EBI web site is to create a link or banner button on an Intranet that takes them to more information

about mental illnesses. The drop-in articles or public service announcements included with this resource also can be used as content on an Intranet.

- Paycheck envelopes can carry messages—tips for holiday stress reduction, a notice of health screenings, and/or reminders of how to contact the company EAP.
- A health and wellness day or health fair is a great way to introduce the importance of mental health. The event can include mental health screenings, one-on-one meetings with a mental health professional or representative from the EAP, and self-care workshops. Be sure to add a mental health information desk to existing health and wellness fairs.
- Celebrate National Mental Health Awareness Month in May and Mental Illness Awareness Week in October, as well as other special events throughout the year. Several Web sites maintain special events calendars and provide useful downloadable materials for such events. Check out the Web sites of the national mental health organizations listed in Appendix B. Invite a speaker from the local department of health or other organization to speak to the staff about mental health and distribute information about mental health services in the area.
- Institute training for supervisors about mental illnesses and how to supervise in ways that promote mental health and decrease stigma and discrimination toward employees with mental illnesses. Again, ask guest speakers to discuss different strategies for promoting a workplace that does not discriminate against people with mental illnesses.

Communication Tools that Accompany This Resource

Included with this resource is a CD-ROM that contains several “ready-made” communication products that can quickly be put to use. They are described in this section along with suggestions for using them.

Drop-in Articles

A drop-in article is a ready-made article or story that can be inserted into a newsletter or transformed into Web site or Intranet content. The articles typically begin with a vignette, focus on key issues and facts, and conclude with



a message summary. It is hoped that these stories will inspire more locally developed commentaries and success stories from the Mental Health-Friendly Workplace.

The articles appear on the CD as both PDF and Microsoft Word files. The Word files can be modified to include a special message (i.e., contact information for your EAP), or they can be cut-and-pasted into a specified layout.

Print PSAs in Various Sizes

Also on the CD are sample public service announcements (PSAs) in various sizes for in-house distribution to employees through printed materials that are normally circulated, like newsletters and payroll stuffers. They also can be printed and hung throughout the workplace on bulletin boards. These print ads echo the workplace poster (below) and let employees know that the poster in the break room is more than just decoration. These ads have a simple message and direct employees to a Web site, www.allmentalhealth.samhsa.gov, for followup information. The 8 1/2" x 11" flier-size ad can be customized with a tagline that announces an upcoming event such as a mental health screening, a supervisor training, Mental Health Month, or a speaker from a local mental health organization.



Poster

Also included with this resource is a workplace poster. The poster is designed to give employees an overview of how they can contribute to a Mental Health-Friendly Workplace. Hang the poster in a common area to show managerial support of a Mental Health-Friendly Workplace dynamic. It is assumed that an employee, alone in a break room or at the photocopier, will pause and reflect on his or her role in breaking the stigma and discrimination that surrounds mental illness within the work group. The poster reinforces how an employee with a mental illness can look to his or her employer for support. The poster also directs the employee to a Web site, www.allmentalhealth.samhsa.gov, for more information.





Web Site

The Web site for this initiative, www.allmentalhealth.samhsa.gov, is another tool available for circulation. The Web site is designed for people with little or no knowledge about mental health issues. After seeing the Web address on a poster or at the end of an interesting article, people can go to the site to learn more. Here, they will find myths and facts about mental illnesses, descriptions of mental illnesses, resources for more information about mental illnesses (including other Federal resource pages), State mental health resource pages, and real stories about persons living with mental illnesses. There is also an interactive tool where visitors can find mental health services in their community, as well as order a copy of a brochure about mental health.

A Web site is a unique way that employees can seek more information about mental illnesses privately and anonymously. For that reason, it makes sense to let employees know about the site. The URL is listed on all of the materials that come with this workplace package.



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SECTION

Training Materials: Supervision in the Mental Health-Friendly Workplace

VI

VI. TRAINING MATERIALS: SUPERVISION IN THE MENTAL HEALTH-FRIENDLY WORKPLACE

About These Training Materials

This section contains two training modules. Much of the content or subject matter is drawn from the other sections of this resource.

Training for supervisors is one essential component of a Mental Health-Friendly Workplace. Many employees who have mental illnesses and are working successfully and productively credit that achievement to the support and compassion of a supervisor. It is hoped that this training helps multiply the number of supervisors who play this role for their employees and their employer.

Module Elements. Each module is comprised of:

- A one-page chart with an overview to the components of the training module. Each PowerPoint slide, handout, learning activity, and resource for trainer preparation is identified in the chart;
- Paper copies of the PowerPoint slides with notes for the trainer to use to facilitate the training (the electronic PowerPoint file is on the accompanying CD-ROM); and
- Master copies of handouts to be reproduced for supervisor-participants.

Training Activities. The PowerPoint slides provide the instructional continuity for training sessions. Trainer notes attached to each slide include points to be made and instructions/suggestions for more interactive aspects of the training. The PowerPoint format makes it possible for a trainer to edit the PowerPoint file and tailor the material by inserting organization-specific information or examples even additional slides at appropriate points in the presentation.

Spokesperson as Guest Speaker. It is suggested that for *at least one* of the modules you invite a spokesperson from a local mental health organization such as the local affiliate of the National Mental Health Association or the National Alliance for the Mentally Ill. When requesting such a spokesperson, explain the training context and ask for a person willing to share his or her

positive or negative workplace experiences with mental illness and the work environment, which could benefit the effort to create a more Mental Health-Friendly Workplace.

Trainer Requirements. The modules are designed for delivery by a human resources specialist or manager in the business who carries out HR responsibilities, or by a trainer selected by human resources. The trainer must be familiar with the business and the practices and policies of the company, and must be willing to invest preparation time for the training delivery. If the business works with an employee assistance program or employee assistance professional, it may be desirable to include them as a part of the training team. Spokespersons, if available to participate in sessions, could be an outstanding enrichment.

Length of Training. Delivery of each module constitutes approximately 1 hour of presentation and learning activities. Addition of an outside spokesperson could lengthen the session. An alternative might be to add an additional session devoted exclusively to talking with the spokesperson described previously.

Audience and Group Size. Managers and supervisors are the audience for this training. Ideally the group size would not exceed 15 participants. Smaller groups allow for greater group participation and learning.

Training Equipment. A projector for overhead transparencies or a laptop and projector for PowerPoint slides is needed. Newsprint, easel, and markers are useful in capturing salient points of group discussions.

Preparation Steps for Facilitating Training Modules

The materials provided in this resource and the accompanying CD-ROM enable a trainer/facilitator to conduct training with ease, but not without preparation. Some trainers use a rule-of-thumb of 4 hours of preparation time for every hour of classroom time. The steps below are an optional suggested sequence. They can be used as a checklist to ensure nothing major is overlooked. Start preparation at least a week in advance of the training session.

- 1) **Examine the module overview chart or table.** The PowerPoint slides—especially the accompanying trainer notes below the pictures of the slides—provide instructional continuity. Timing for use of the handouts and learning activities is shown in the trainer notes. The far right-hand column of the overview chart indicates study references for the trainer.
- 2) **Read through each slide and its trainer notes.**
- 3) **Read through each slide and its trainer notes a second time.** This time pick up and study carefully each handout, each item for the learning activities, and each study resource cited in the last column as well. Use the extra space on the trainer note pages for your own notes.
- 4) **Set up the PowerPoint projector and laptop,** and practice a session run-through.
- 5) **Duplicate the appropriate number of handouts for each participant.** You can print a master copy from the CD-ROM (preferred method), or use the copy in this resource as a master copy. You can also print the slides as handouts (3 per page with lines for notes) from the CD-ROM.
- 6) **Collect relevant in-house items** (e.g., health insurance or EAP information) that you may want to distribute at the training session.
- 7) **Set up the training room** (preferably the night before).

Module I:

A Mental Health- Friendly Workplace

MODULE I: A MENTAL HEALTH-FRIENDLY WORKPLACE

Contents

- Table: Training materials and learning activities overview
- PowerPoint slides and trainer notes
- Handouts (for participants)

MODULE I: TRAINING MATERIALS AND LEARNING ACTIVITIES OVERVIEW

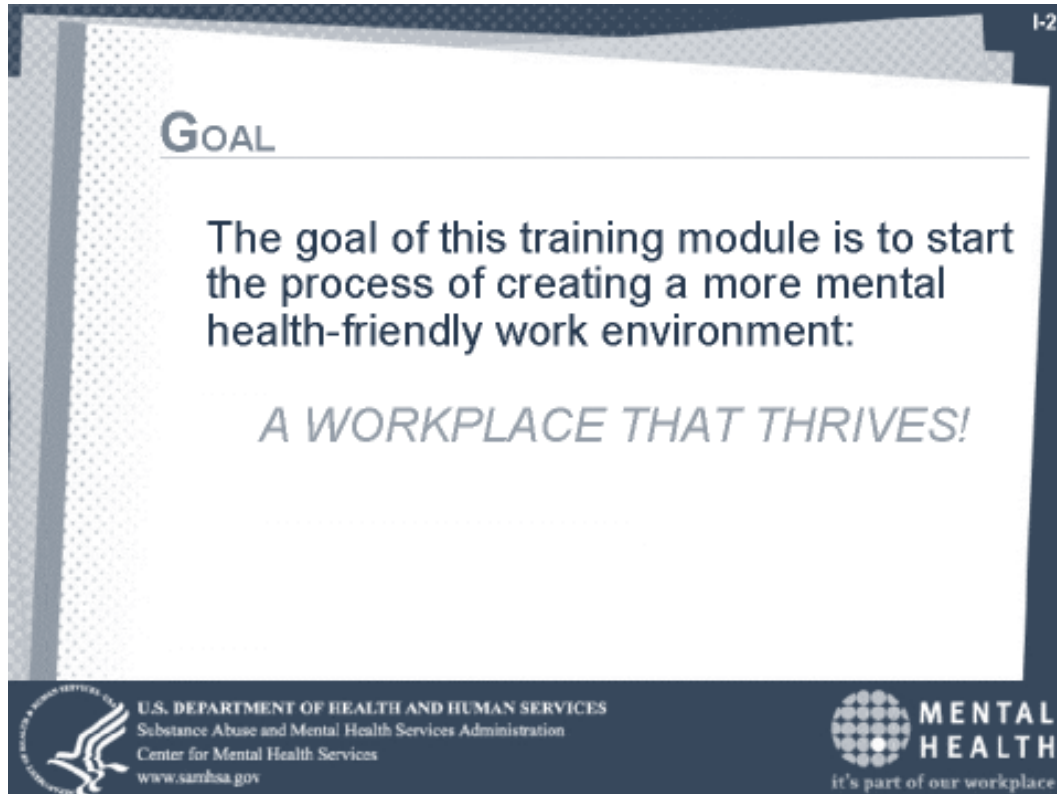
PowerPoint Slides	Handouts	Learning Activities	Trainer Resources
1: Title Slide			
2: Training Goal	Printout of PowerPoint slides (optional)	Trainer presentation	
3: Training Module Objectives		Trainer presentation	
4: Mental Illnesses Are Common		Interactive trainer-led presentation and conversation with participants	RESOURCE, Section I
5: Continuum	Handout 1, Some Common Mental Illnesses	Trainer presentation	
6: Mental Illnesses Are Common—continued		Trainer presentation	
7: Mental Illnesses in the Workplace		Trainer presentation	
8: Treatment and Recovery		Trainer presentation	
9: Recovery		Trainer presentation	
10: Recovery—continued		Trainer presentation	
11: Many DO NOT Seek Treatment		Trainer presentation	
12: Stigma and Discrimination		Trainer presentation	
13: A Mental Health-Friendly Workplace		Trainer presentation	
14: A MHF Workplace—continued (Five work life segments and MHF policies and practices)	Handout 2, MHF Workplace (Circle Diagram)	Trainer presentation	RESOURCE, Sections II and III
15: Recap/Review	Handout 3, What We Can Do Handout 4, Myths and Facts Handout 5, National Resources	Trainer presentation	

MODULE I: POWERPOINT SLIDES AND TRAINER NOTES

Slide I-1



Slide I-2

The slide is titled "GOAL" and states the purpose of the training module. It features a dark blue header with the slide number "I-2" in the top right corner. The main content is on a white background with a dark blue border. At the bottom, there are logos for the U.S. Department of Health and Human Services and the Mental Health Services Administration, along with the slogan "MENTAL HEALTH it's part of our workplace".

I-2

GOAL

The goal of this training module is to start the process of creating a more mental health-friendly work environment:

A WORKPLACE THAT THRIVES!

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Trainer Notes

- In your own words, explain the goal of undertaking this training—especially as it applies to your business.

Slide I-3

I-3

MODULE OBJECTIVES

Participants will learn:

- That mental illnesses are common.
- There are effective treatments for mental illnesses and people recover.
- How business benefits from mental-health friendly policies and practices.
- What a Mental Health-Friendly Workplace is and does (example policies & practices)

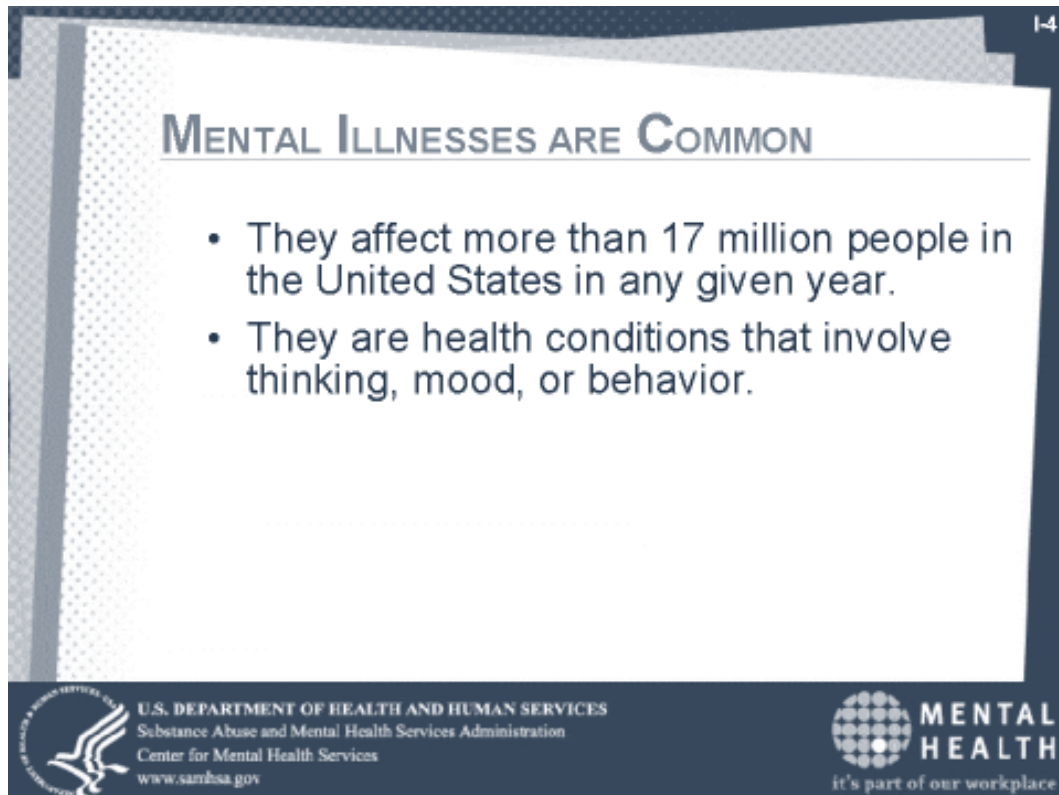
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Trainer Notes

- Bring each objective up, one at a time, to quickly preview what participants can expect to learn from their time investment in this training.
- **Give special emphasis to the third bullet—participants will learn what mental health-friendly policies and practices are and the ways that they can benefit a business.**
- You will return to these objectives at the end of the session to ensure that all participants feel they have achieved these learning objectives.


Slide I-4




1-4

MENTAL ILLNESSES ARE COMMON

- They affect more than 17 million people in the United States in any given year.
- They are health conditions that involve thinking, mood, or behavior.

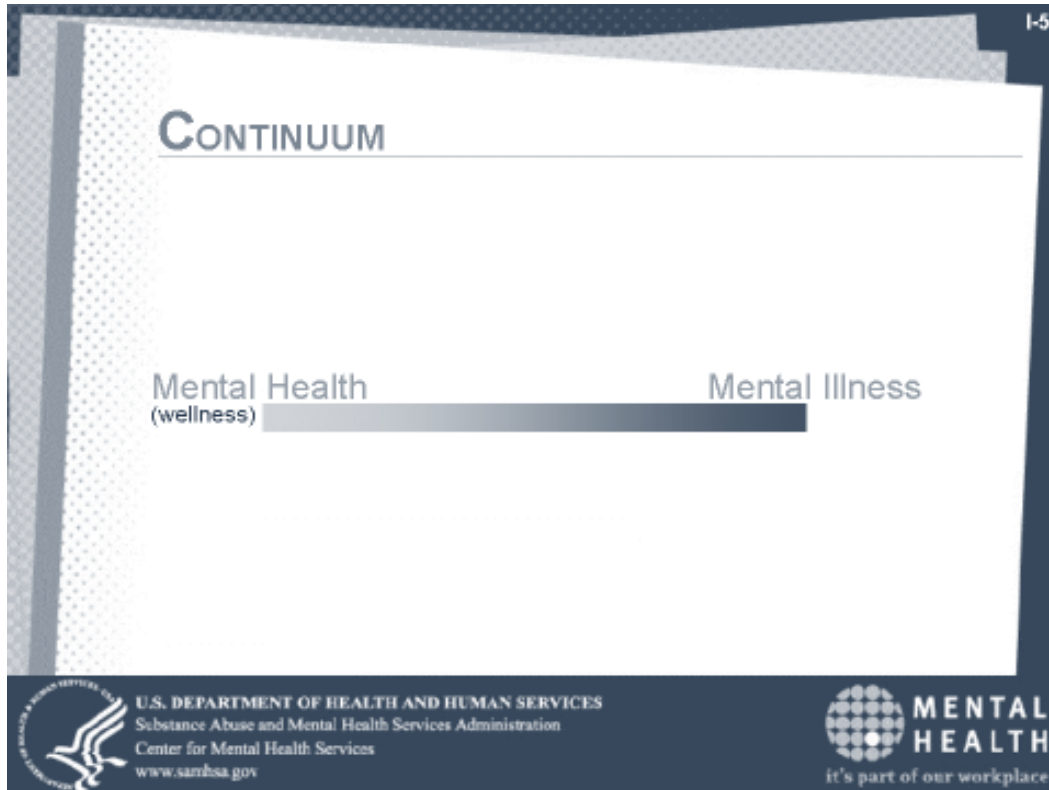
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Trainer Notes

- **First some facts about mental illnesses:**
 - How common are mental illnesses? [Bring up first bullet.]
 - What is a mental illness anyway? [Bring up second bullet.]

Slide I-5



Trainer Notes

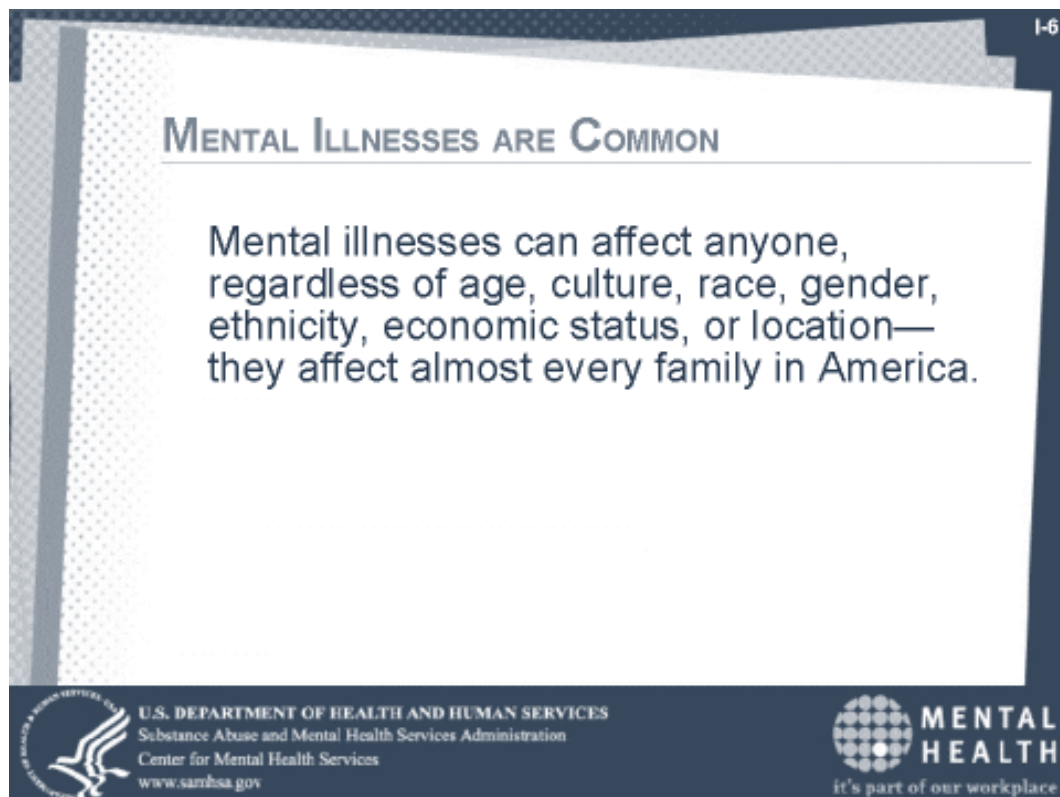
EXPLAIN:

- Mental health and mental illness can be pictured as two points on a continuum with a range of conditions in between.
- Most (if not all) of us experience some of these changes—to greater and lesser degrees—as we live through everyday stress, significant trauma, or major changes in our lives.
- When these changes are severe and affect one or more major areas of our lives, they are called “mental illnesses.”
- Mental illnesses include:
 - Adult and childhood attention-deficit/hyperactivity disorder (ADHD);
 - Anxiety disorders—panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, social anxiety disorder, and generalized anxiety disorder;
 - Depressive illnesses—major depression, dysthymia, and bipolar disorder;
 - Eating disorders—anorexia nervosa and bulimia nervosa; and
 - Schizophrenia.

Notes for this slide are continued on the next page.

- If you are interested in learning more about the characteristics of these illnesses, this handout gives a brief explanation and points you to Web sites where you will find still more information.
- [Distribute Handout 1]

Slide I-6



Trainer Notes

- Who is affected by mental illnesses? **[Bring statement up.]**
- Entertain comments/discussion with participants.
- **Segue to next slide:** We're here to talk about mental health and mental illnesses in the WORKPLACE.

Slide I-7

MENTAL ILLNESSES IN THE WORKPLACE

28 million workers in the U.S. workforce experience a mental or substance use disorder:

- #1 Alcohol abuse/dependence (9%)
- #2 Major depression (8%)
- #3 Social phobia, an anxiety disorder (7%)

38% of workers experience at least 2 different mental conditions/year.

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Trainer Notes

- According to one study,* nearly one-quarter of the U.S. workforce (28 million workers in the 18-54 age group) experience a mental or substance abuse disorder in any given year.
- This study found that the most prevalent illnesses in the workplace were:
 - Alcohol abuse/dependence (9 percent of workers);
 - Major depression (8 percent); and
 - Social phobia, an anxiety disorder (7 percent).
- Further, the study found that 38 percent of workers experience at least two different mental conditions in a 12-month period.

*Source: Herz, Rob P., Ph.D. and Christine L. Baker, "The Impact of Mental Disorders on Work," *Pfizer Facts* series, June 2002, pp 2, 5-7. This report is a new analysis of the National Comorbidity Survey data, 1990-1992, Institute for Social Research, University of Michigan, funded by the National Institute of Mental Health, the National Institute of Drug Abuse, and the W. T. Grant Foundation.

Slide I-8

I-8

TREATMENT AND RECOVERY

There is good news:

- Mental illnesses are treatable.
- Treatments, medications, and other strategies are available.
- People with mental illnesses recover and go on to live normal and productive lives.

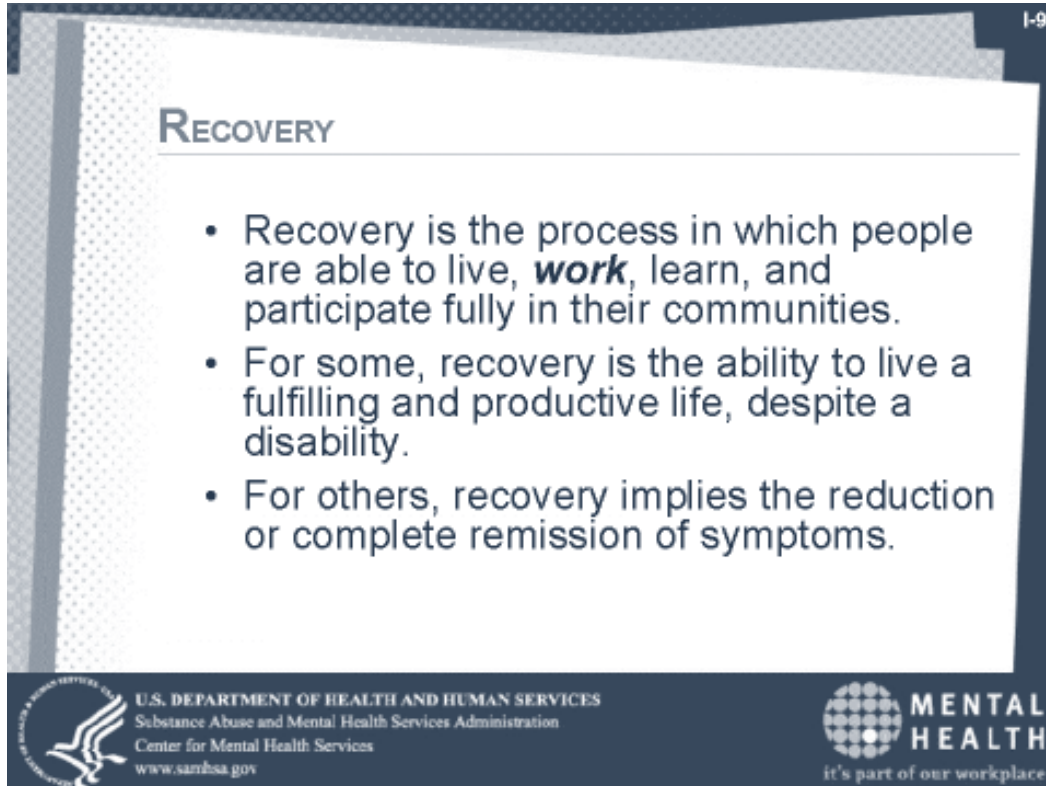
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Trainer Notes

- **[Bring items up one at a time.]**
EXPLAIN: THERE IS GOOD NEWS!
- **[Bring up first bullet.]**
EXPLAIN: While mental health problems are more common than most people think, recovery is a lot more common too. In fact, studies show that *most people with mental illnesses recover*.
- **[Bring up second bullet.]**
EXPLAIN: What kind of treatment is available? A lot of people take medications, and/or work with therapists, counselors, peers, psychologists, psychiatrists, nurses, and social workers. They also use self-help strategies and community supports.

Slide I-9



Slide I-9 is a PowerPoint slide titled "RECOVERY". It features a list of three bullet points defining recovery. The slide is part of a presentation from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. The slide number "I-9" is in the top right corner. The footer includes the SAMHSA logo, the text "U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Substance Abuse and Mental Health Services Administration Center for Mental Health Services www.samhsa.gov", and the "MENTAL HEALTH it's part of our workplace" logo.

RECOVERY

- Recovery is the process in which people are able to live, **work**, learn, and participate fully in their communities.
- For some, recovery is the ability to live a fulfilling and productive life, despite a disability.
- For others, recovery implies the reduction or complete remission of symptoms.

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Trainer Notes

- **[Bring bullets up one at a time.]**
- **READ** the three points on the slide aloud with the participants.
- **ASK:** Why is understanding recovery so important in a workplace?

Slide I-10

I-10

RECOVERY

—Continued

- Science has shown that *hope plays an integral role in an individual's recovery.*
- Because work is so integral to one's self-worth, ***finding and belonging to a Mental Health-Friendly Workplace is of great significance to people who have experienced mental illnesses.***

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Trainer Notes

- [Bring up first bullet; pause while participants read.]
- **ASK:** So what does this have to do with us and work?
- Follow the question by bringing up and reading the last bullet.

Slide I-11



MANY PEOPLE DO NOT SEEK TREATMENT

Common reasons:

- Cost
- Fear
- Not knowing where to go for services
- Concern about confidentiality *and the opinions of neighbors, employers, co-workers, and the community.*

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Trainer Notes

- **[Bring up only the title.]**
READ: Unfortunately many people with serious mental illnesses do not seek or receive treatment. In the year 2002, fewer than half of adults with serious mental illnesses received treatment for their mental illnesses. **WHY?**
- **[Bring up the remaining lines/bullets.]**
READ: The common reasons people do not seek treatment include cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of neighbors and community. **THIS FEAR OF WHAT PEOPLE MAY THINK—THE STIGMA THAT SURROUNDS MENTAL ILLNESS—IS A SERIOUS BARRIER TO TREATMENT AND RECOVERY.**

Slide I-12

I-12

STIGMA AND DISCRIMINATION

Stigma is the “*aura of shame and blame*” that surrounds people who experience mental illnesses.

Stigma . . .

- Is a barrier to well-being and a full life;
- Holds applicants back;
- May deter someone from seeking help;
- May cause discomfort for returning employees.

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Trainer Notes

- **[Bring up first paragraph.]**
ASK: How many of you are aware of “stigma” around mental illnesses and the people who experience them?
- **READ:** In spite of increased awareness and openness about mental illnesses, the social stigma of mental illness remains a significant barrier to well-being and a full life for people who experience mental illnesses.
- **[Bring up second bullet.]**
EXPLAIN: Stigma often holds applicants back from applying for or being offered employment, despite their qualifications for the job.
- **[Bring up third bullet.]**
EXPLAIN: Stigma may deter an employee from seeking help, and he or she may continue to try to work in a state of distress (or be absent from work).
- **[Bring up fourth bullet.]**
EXPLAIN: If an employee has been away from work during treatment for a mental illness, stigma may cause discomfort or even pain for the returning employee, as well as a sea of mixed reactions from supervisors and coworkers who lack understanding or a comfort level with what to do and say.

Slide I-13

I-13

MENTAL HEALTH FRIENDLY (MHF) WORKPLACES

MHF policies & practices bring:

- Higher productivity and motivation
- Reduced absenteeism
- Health insurance cost containment
- Loyalty and retention
- Diversity, acceptance, and respect in the workplace.

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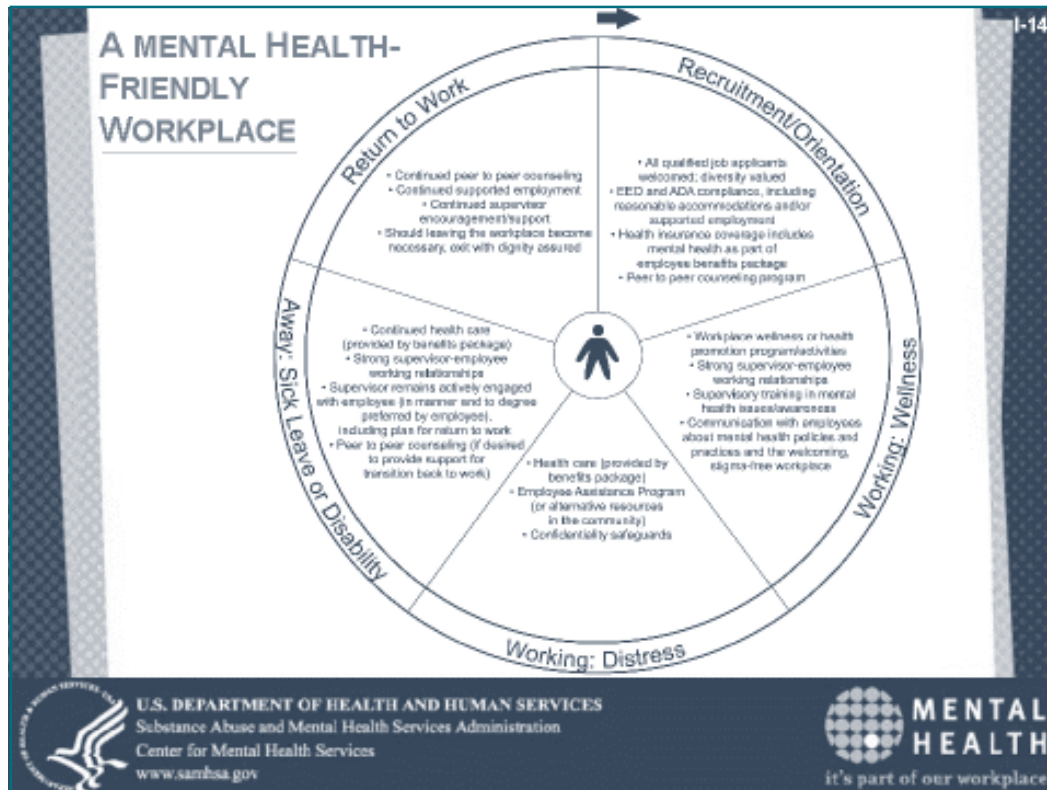
Trainer Notes

- **[Start with just the title in place.]**
- **ASK:** Why would business care about having Mental Health-Friendly Workplaces?
- **EXPLAIN:** The answer: The Mental Health-Friendly Workplace brings BIG BENEFITS. Here are a few: **[Now bring up the benefits one at a time as you read the comment for each benefit. Invite comments from participants as well.]**
- **HIGHER PRODUCTIVITY AND MOTIVATION:** Employees feel valued and secure—and work more effectively—when employers demonstrate a commitment to their well-being.

Notes for this slide are continued on the next page.

- **REDUCED ABSENTEEISM.** Workplace stress is a major cause of absenteeism. Helping employees manage their stress and overall mental health can boost productivity.
- **HEALTH INSURANCE COST CONTAINMENT.** Instituting health and wellness programs can hold down health insurance rate hikes.
- **LOYALTY AND RETENTION.** Companies with mental health-friendly practices have documented remarkably low turnover rates along with cost savings in recruitment, new employee orientation, and training.
- **DIVERSITY, ACCEPTANCE, AND RESPECT IN THE WORKPLACE.** Embracing diversity includes people who live with mental illnesses. In becoming more inclusive, businesses can both thrive and set a standard for others.
- **ASK:** Are you curious about what a Mental Health-Friendly Workplace looks like? Let's move into that discussion [next slide].

Slide I-14



Trainer Notes

- **[Distribute handout 2.]**
- **EXPLAIN:**
 - This circle diagram of a Mental Health-Friendly Workplace shows some of the ways the workplace can be more welcoming for ALL employees, including those with mental illnesses (known or unknown).
 - The circle divides work life into five segments that can be considered individually. [Since the participants are supervisors, emphasize those aspects that supervisors are responsible for implementing and supporting.]
- **Employees who experience mental illnesses and are working successfully report that the critical factor in their ability to balance their mental health needs and the demands of the workplace was the understanding, support, and compassion of their supervisor.**

Notes for this slide are continued on the next page.

- [This part of the training session can be very interactive. Encourage dialog.] **ASK** for participant-supervisor insight around what mental health-friendly policies and practices they believe are currently in place, as well as what they think could be implemented in the future.
- Mental health-friendly practices are simply good management practices—good for businesses and good for **ALL** of the people who work there.
- Move around the circle one-segment-at-a time through each of the five segments of workplace life and point out the areas of special relevance to **your** workplace (both present and future).

Trainer Preparation Notes

Prepare for this discussion by studying the information in Sections II and III of the resource. You can use the template below for your notes:

Segment I: Recruitment/Orientation

Segment II: Working: Wellness

Segment III: Working: Distress

Segment IV: Away: Sick Leave or Disability

Segment V: Return to Work

Slide I-15



I-15

RECAP/REVIEW

Participants will learn:

- That mental illnesses are common.
- There are effective treatments for and recovery from mental illnesses.
- How business benefits from mental health-friendly policies and practices.
- What a Mental Health-Friendly Workplace is and does (example policies and practices).

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Trainer Notes

- **EXPLAIN:** These are the objectives that were set out at the beginning of the training session.
- Point out how each of these were covered during the session.
- **ASK** for questions.
- Distribute handouts 3, 4, and 5. (If you did not do that earlier).
- Discuss (or preview if plans are already in place) next steps for how your business will continue the work of creating a more Mental Health-Friendly Workplace for ALL employees.
- If known, specify the date for the Module II training (Supervision in the Mental Health-Friendly Workplace).

MODULE I: HANDOUTS

- **Handout 1, Some Common Mental Illnesses**
- **Handout 2, A Mental Health-Friendly Workplace (Circle Diagram)**
- **Handout 3, What We Can Do To Counter Stigma**
- **Handout 4, Myths and Facts About People With Mental Illnesses**
- **Handout 5, National Resources**

Some Common Mental Illnesses

What follows are brief descriptions of some of the most common mental illnesses. To learn more about any one of these disorders, visit the Substance Abuse and Mental Health Services Administration Web site at www.mentalhealth.samhsa.gov/publications/browse.asp and the National Institute of Mental Health Web site at www.nimh.nih.gov/publicat/.

Anxiety Disorders

Panic Disorder:

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations, and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. In about a third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound—a condition known as agoraphobia. Early treatment of panic disorder can help prevent agoraphobia. See NIMH anxiety disorders at www.nimh.nih.gov/publicat/anxiety.cfm.

Obsessive Compulsive Disorder (OCD):

OCD affects about 3.3 million adult Americans and occurs equally in men and women. It usually appears first in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his or her hands constantly. Or feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

Post Traumatic Stress Disorder (PTSD):

PTSD affects about 5.2 million adult Americans during the course of a year. Women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through

nightmares or disturbing thoughts throughout the day that may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but some people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy, and other methods.

Generalized Anxiety Disorder (GAD):

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family, or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, nauseous or have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

Social Anxiety Disorder:

Social Anxiety Disorder, or social phobia, affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation—such as fear of speaking in formal or informal situations, or eating, drinking, or writing in front of others—or a person may experience symptoms anytime he or she is around people. It may even keep people from going to work or school on some days as physical symptoms including blushing, profuse sweating, trembling, nausea, and difficulty talking often accompany the intense anxiety. Social phobia can be treated successfully with medications or psychotherapy.

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD affects as many as 2 million American children, and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing, and they may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still, and they may dash around or

talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade, scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior-changing therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem, and function in new ways.

Depressive Disorders

About 18.8 million American adults suffer from a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression can occur in three forms:

- Major depression is a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur once or several times in a lifetime.
- Dysthymia, a less severe type of depression, involves long-term chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.
- Bipolar disorder, or manic-depressive illness is another form of depression characterized by cycles of extreme highs—mania—and lows—depression—in mood.

The most important way to help a depressed person is to assist him or her in getting an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy can help people who suffer from depression.

Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, you should take their distress seriously; listen and help them get to a professional for evaluation and treatment. If someone is in immediate danger of harming himself or herself, do not leave the person alone. Take emergency steps to get help, such as calling 911.

Eating Disorders

Anorexia Nervosa:

People with this disorder see themselves as overweight even though they are thin. With this disorder, people work to maintain a weight lower than normal for their age and height. This is accompanied by an intense fear of weight gain or looking fat. At times, a person can even deny the seriousness of their low body weight. Eating becomes an obsession and habits develop, such as avoiding meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, like compulsive exercise, purging by vomiting, or using laxatives. Some people fully recover after a single episode; some have a pattern of weight gain and relapse; and others experience a deteriorating course of illness over many years.

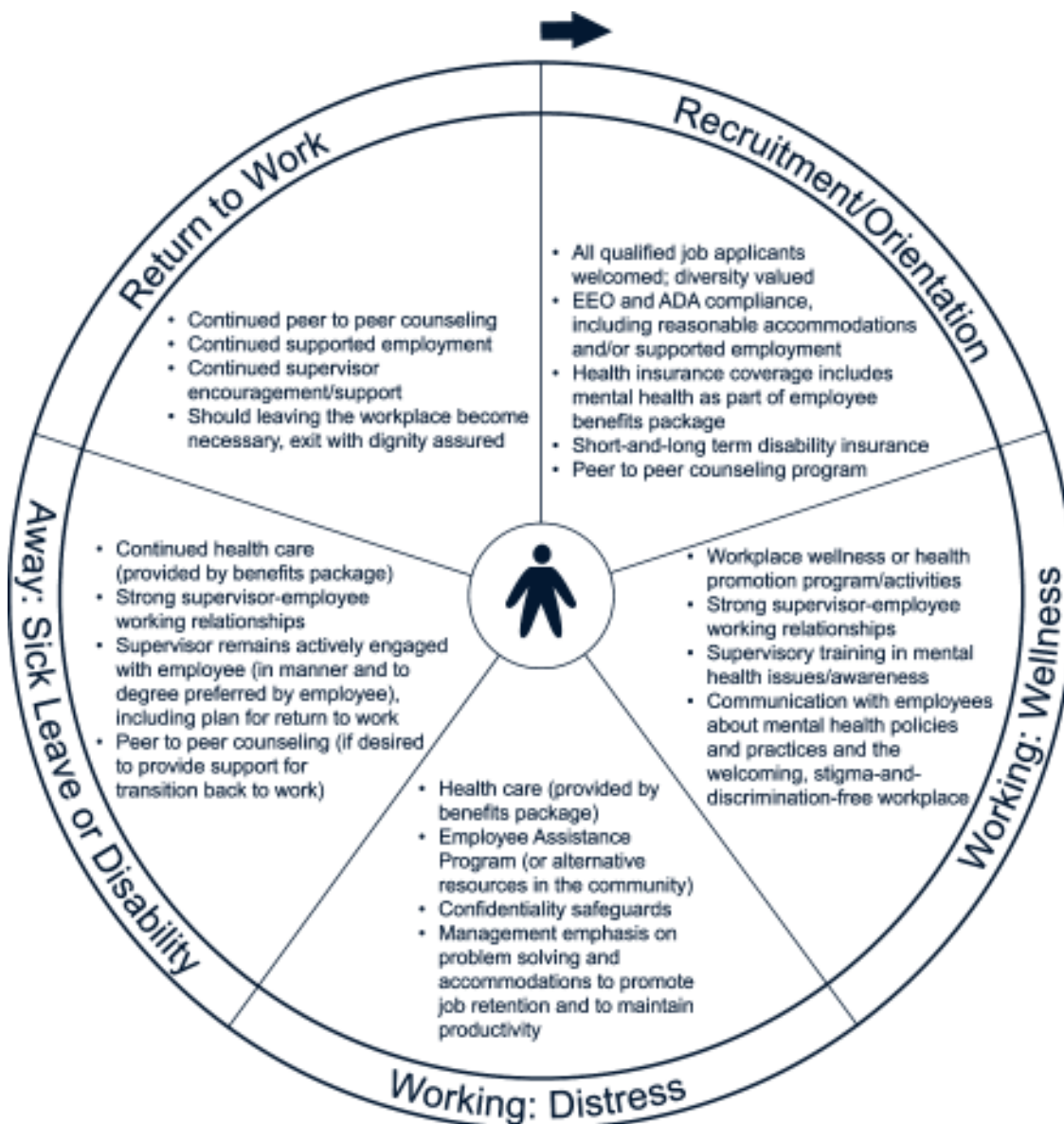
Bulimia Nervosa:

Bulimia is characterized by episodes of *binge eating*—eating an excessive amount of food at once with a sense of lack of control over eating during the episode—followed by behavior to prevent weight gain, such as self-induced purging by vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Schizophrenia

About 1 percent of the population—more than 2 million Americans a year—suffer from this illness. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to onset in 20s or early 30s in women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. These delusions may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial supports like psychotherapy, self-help groups, and rehabilitation.

A Mental Health-Friendly Workplace



What We Can Do To Counter Stigma

Learn and share the facts about mental health and about people with mental illnesses, especially if you hear or read something that isn't true.

Treat people with mental illnesses **with respect and dignity**, as you would anybody else.

Avoid labeling people by using derogatory terms such as “crazy,” “wacko,” “schizo,” “loony,” “psycho,” or “nuts.”

Avoid labeling people by their diagnosis. Instead of saying, “She’s a schizophrenic,” say, “She has schizophrenia.”

Support people with mental illnesses by helping to develop community resources.

Respect the rights of people with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental illnesses are protected under Federal and State laws.

Teach children about mental health, and help them realize that mental illnesses are like any other treatable health condition.

Myths and Facts About Mental Illnesses

Myth: Mental illnesses cannot affect me.

Facts: Mental illnesses do not discriminate—they can affect anyone.

According to a report from the President's New Freedom Commission on Mental Health, mental illnesses are surprisingly common; they affect almost every family and workplace in America.

Myth: People with mental illnesses can't hold jobs.

Facts: On the contrary, many are productive employees, business owners, and contributing members of their communities.

Myth: There's no hope for people with mental illnesses.

Facts: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

Myth: I can't do anything for someone with a mental illness.

Facts: We can do a lot more than most people think. Starting with the way we act and speak, we can nurture an environment that builds on people's strengths and promotes good mental health.

Myth: People with mental illnesses are violent and unpredictable.

Facts: Chances are you know someone with a mental illness and don't even realize it. In reality, the vast majority of people who have mental illnesses are no more violent than anyone else.

Myth: Employees with mental illnesses, even those who have received effective treatment and have recovered, tend to be second-rate workers.

Facts: Employers who have hired these individuals report that they are higher than average in attendance and punctuality, and they are as good or better than other employees in motivation, quality of work, and job tenure. Studies reported by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) conclude that there were no differences in productivity when compared to other employees.

National Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA sponsors the National Mental Health Information Center which provides a wide array of information on mental health to people, including users of mental health services and their families, the public, policymakers, providers, and the media. Visit www.mentalhealth.samhsa.gov, or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).

Resource Center to Address Discrimination and Stigma (ADS Center)

This center helps people design, implement, and operate programs that reduce the discrimination and stigma associated with mental health problems. Visit www.adscenter.org or call 800-540-0320 (English/Spanish).

Mental Health: It's Part of All Our Lives.

For more information about related activities in your State, visit www.allmentalhealth.samhsa.gov or call 800-789-2647 (English/Spanish) and 866-889-2647 (TDD).



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Module II:

Supervision in the Mental Health-Friendly Workplace

MODULE II: SUPERVISION IN THE MENTAL HEALTH-FRIENDLY WORKPLACE

Contents

- **Table: Training Materials and Learning Activities Overview**
- **PowerPoint slides and facilitator notes**
- **Handouts (for participants)**

MODULE II: TRAINING MATERIALS AND LEARNING ACTIVITIES OVERVIEW

PowerPoint Slides	Handouts	Learning Activities	Resources for Trainer Preparation
1: Title Slide		Facilitator presentation	Notes on PowerPoint slide
2: Goal		Facilitator presentation	Notes on PowerPoint slide
3: Module Objectives		Facilitator presentation	Notes on PowerPoint slide
4: Mental Health Friendly Workplace	Handout 1, MHF Circle	Facilitator presentation	Notes on PowerPoint slide; Module I
5: John's Story	Handout 2, John's Story	Case study/facilitated discussion	Notes on PowerPoint slide
6: Americans with Disabilities Act (ADA)		Facilitator presentation/discussion	Handout 3; Notes on PowerPoint slide
7: ADA—continued		Facilitator presentation/discussion	Handout 3; Notes on PowerPoint slide
8: ADA—continued	Handout 3, ADA	Facilitator presentation/discussion	Handout 3; Notes on PowerPoint slide
9: What Can a Supervisor Do?		Facilitated discussion	Handout 4; Facilitator advance preparation (see notes on PowerPoint slide 9)
10: What Can a Supervisor Do?—continued	Handout 4, Tips for MHF Supervisors	Facilitated discussion	
11: Getting on Board	(facilitator-prepared)	Individual planning/facilitated discussion	Facilitator advance preparation needed (see notes on PowerPoint slide 11)

MODULE II: POWERPOINT SLIDES AND TRAINER NOTES

Slide II-1



Trainer Notes

- This is the second training module in the Mental Health-Friendly Workplace series. *Knowledge of the information in Module I, "Creating Workplaces That Thrive," is prerequisite to use of Module II.*
- The focus in this module is on what supervisors need to know and do to effectively provide mental health-friendly supervision.
- As you will see, mental health-friendly supervision embodies practices that are good practice for ALL employees.

Slide II-2

II-2

GOAL

The goal of this module is to help supervisors provide appropriate support to employees who experience mental illnesses.

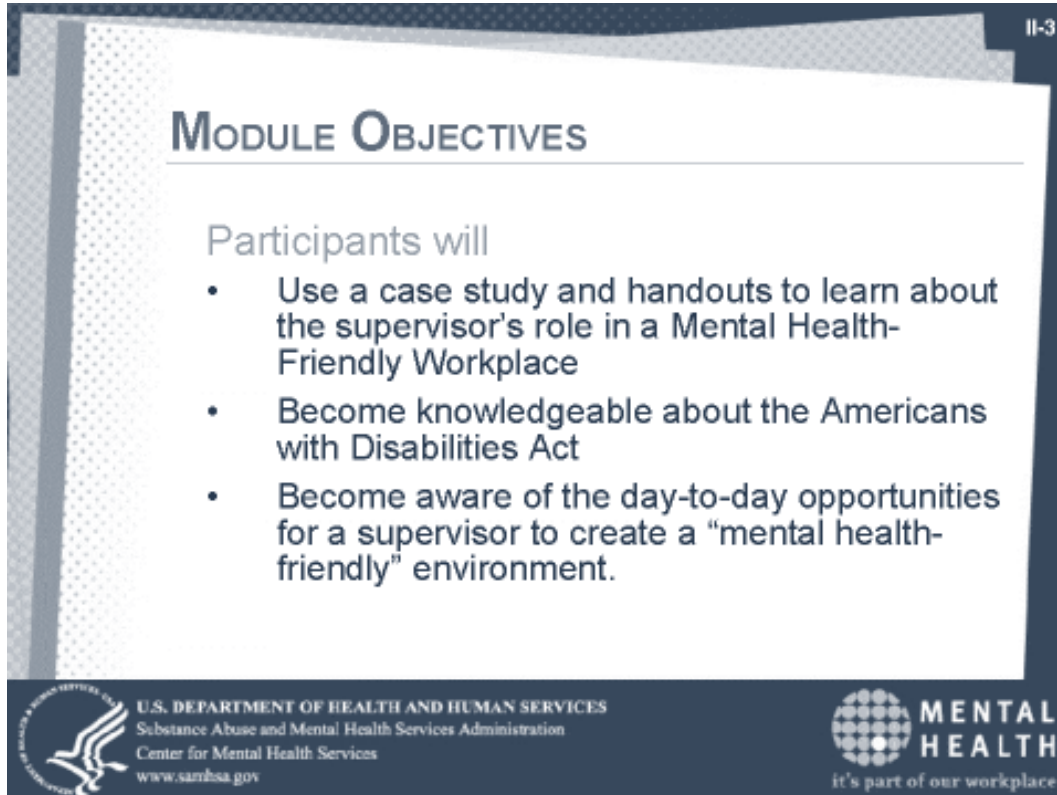
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Trainer Notes

- **READ** goal [on slide] with participants.
- **REMIND** participants of the “Benefits to Business” of a Mental Health-Friendly Workplace, which were presented in Module I:
 - Higher productivity and motivation;
 - Reduced absenteeism;
 - Health insurance cost containment;
 - Loyalty and retention; and
 - Diversity, acceptance, and respect in the workplace.

Slide II-3





II-3

MODULE OBJECTIVES

Participants will

- Use a case study and handouts to learn about the supervisor's role in a Mental Health-Friendly Workplace
- Become knowledgeable about the Americans with Disabilities Act
- Become aware of the day-to-day opportunities for a supervisor to create a "mental health-friendly" environment.

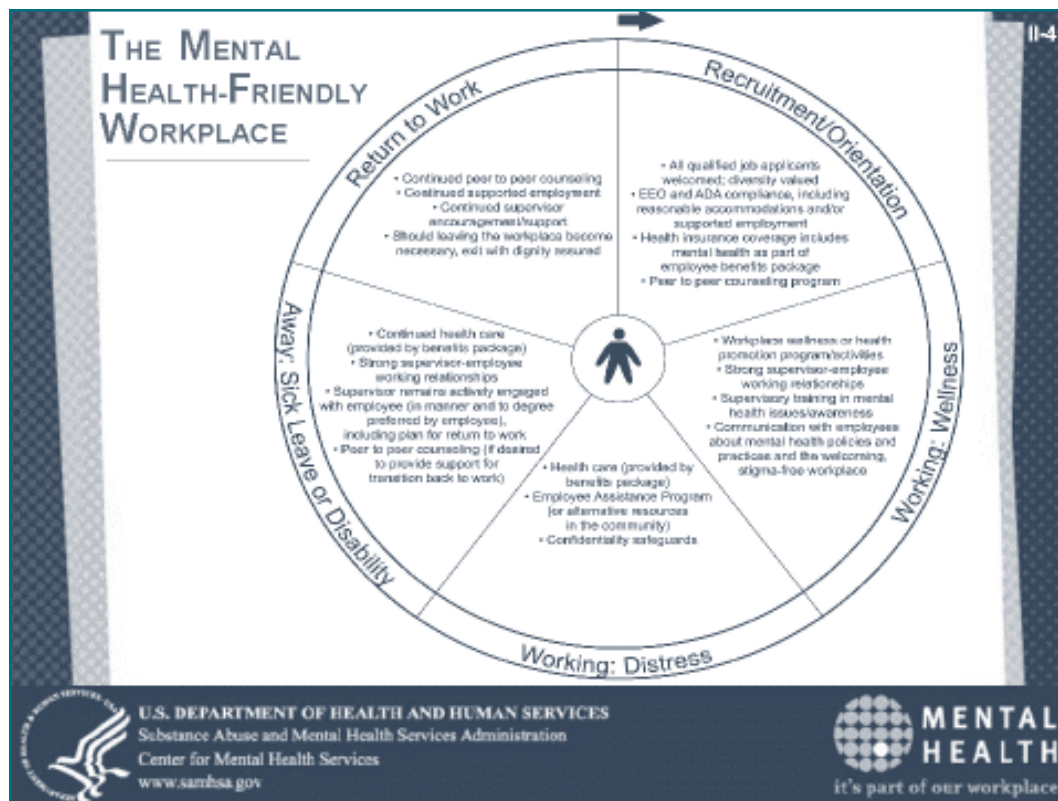
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Trainer Notes

- **[Bring objectives up one at a time.]**
 - The objectives describe some of the learning activities and information that are included in this module.
- **EXPLAIN:**
 - We will read and discuss a case study.
 - Handouts capture some of the most important information we discuss.
 - "Mental health-friendly" practices are good supervision practices for working with *ALL* employees.

Slide II-4



Trainer Notes

- REMINDE** participants that they have seen this circle diagram of a Mental Health-Friendly Workplace in Module I. [But provide them with another copy, Handout 1, which they can use as a reference throughout this module.]
- EXPLAIN:** Today's session provides some practice in identifying the appropriate role of a supervisor in all of the segments of the circle.

Slide II-5

II-5

JOHN'S STORY

Look for the mental health-friendly aspects of work and supervision in Company A and Company B.

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Trainer Notes

- This activity is based on a true story. Names and details of the companies have been changed for reasons of confidentiality, but the essential elements of the story are authentic.
- Distribute Handout 2, and ask participants to read it in preparation for a discussion about it.
- **DISCUSSION:**
 - Compare and contrast the differences in what John experienced in Companies A and B.
 - Capture points on flipchart.

Trainer Crib Notes

Company A: What mental health-friendly policies/practices did you notice?

- They had an employee assistance program and publicized it.
- Supervisor was open to making a reasonable accommodation.
- Company policy/support appears to have been in place.

What other aspects made John comfortable in seeking help?

- A coworker had self-disclosed, with no apparent ill effects.
- Positive buzz about the EAP created “normalcy” in seeking help.

Company B: What mental health-friendly policies/practices are apparent?

- None are apparent; but there was an EAP. Ideas about why it was unknown?
- Discuss the supervisor’s handling of John’s request.
- Talk about the bottom line impact of Company B’s decision.

Slide II-6

II-6

THE AMERICANS WITH DISABILITIES ACT (ADA)

- This law pertains to any company with 15 or more employees.
- An individual with a disability is a person who:
 - Has a physical or mental impairment that substantially limits one or more of his/her major life activities
 - Has a record of such an impairment
or
 - Is regarded as having such an impairment.

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Trainer Notes

- Handout 3 is a useful reference for your discussion. Distribute it as a summary after the discussion.
- In preparing for this discussion, you may also want to study some of the employer information on the Equal Employment Opportunity Commission (EEOC) Web site: www.eeoc.gov.
- The ADA points continue on the next 2 slides.

Slide II-7 a and b

II-7a

THE ADA

— Continued

The ADA prohibits discrimination against qualified individuals with disabilities in

- Job application procedures
- Hiring
- Firing
- Advancement

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II-7b

THE ADA

— Continued

- Compensation
- Job training
- Other terms, conditions and privileges of employment

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Trainer Notes

- [Bring bullets up one at a time. Add comments specific to the policies and practices in your workplace.]
 - Entertain questions.
 - Proceed to next slide.


Slide II-8 a and b


II-8a

ADA

—Continued

- Reasonable Accommodations (examples)
 - Schedule modification
 - Job modification
 - Modifications in the physical environment
 - Changes in policy.

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II-8b

ADA

—Continued

- Reasonable Accommodations (examples--continued)
 - Provision of human assistance
 - Provisions of assistive technology
 - Supervisory techniques.

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- Use Handout 3 as a reference to provide more detail about these examples.
- Suggest that supervisors go to the EEOC Web site, the agency with responsibility for enforcement of the ADA, www.eeoc.gov.
- Distribute Handout 3 to participants as a summary for their reference.

Slide II-9a, b, c, and d

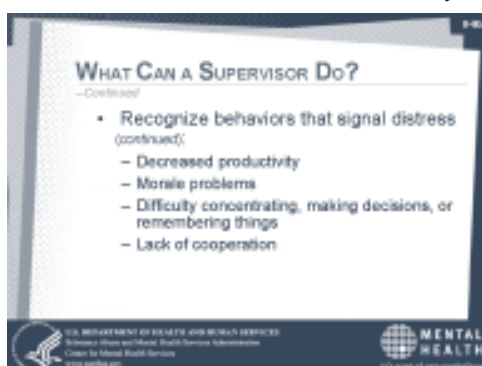
II-9a



II-9c



II-9b



II-9d



Trainer Notes

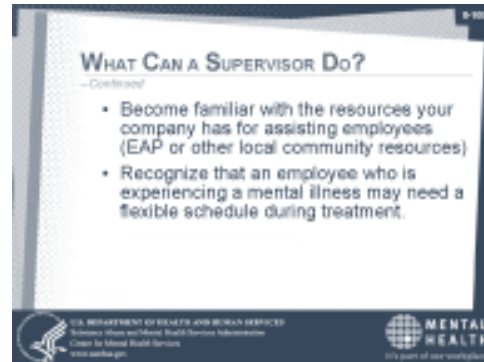
- Handout 4, “Tips for Mental Health-Friendly Supervisors,” as well as Sections I through III of the resource, are reference materials for preparing to facilitate this portion of Module II.
- Come prepared to discuss company and other community “sources of help” for employees. You may wish to prepare a handout.
- **[Bring items up one at a time as you discuss them. Reinforce the importance of the first bullet.]**
- Points continue on the next slide.

Slide II-10 a and b

II-10a



II-10b



Trainer Notes

- Learn in advance what resources are available; e.g., resources that the company has for assisting employees in distress. You will likely want to prepare a handout for distribution to supervisors that lists names and phone numbers. You will also want to review company policy around HOW to make appropriate referrals.
- **EXPLAIN:** Now you are aware of performance behaviors you should pick up on. You are ready to explore what to do when such situations develop.
- Even though you have learned something about the signs and symptoms of some mental illnesses, **DO NOT** try to diagnose the problem yourself.
- Suggest the employee seek consultation. **CONFIDENTIALITY OF ANY DISCUSSION WITH THE EMPLOYEE IS CRITICAL.**
- **DISCUSS** company policy around HOW to make appropriate referrals.
- **DISCUSS** empathic ways to talk with employees (refer to Handout 4).
- **DISTRIBUTE** Handout 4 as a summary of this discussion.

Slide II-11

II-11

GETTING ON BOARD

What can I do—in the next day or week—to make this a more Mental Health-Friendly Workplace?

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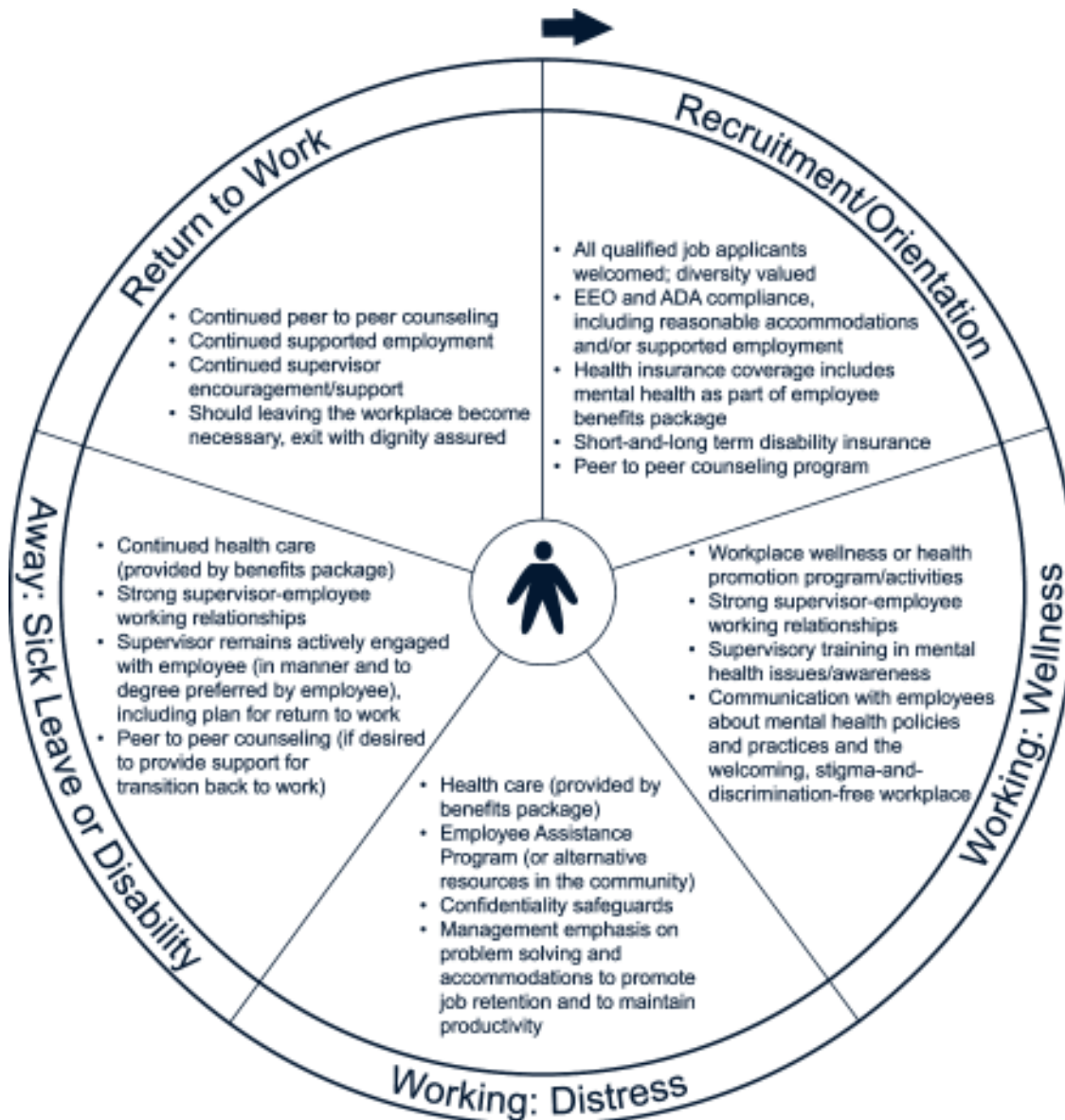
Trainer Notes

- **ASK** participants if they have had some thoughts/ideas about better ways to supervise during this module.
- Next steps include seizing day-to-day opportunities to make the workplace more mental health-friendly.
- Invite each participant to suggest one easy idea they can implement in the next day or week (capture on flipchart).
- When each participant has offered his or her suggestions, talk about what the company's human resources department is planning to do to support the supervisor's efforts (e.g., posters, health fair that will include mental health screenings, new wellness activities, e-mail messages, update key listings of help/resource numbers) [Note: you can type your items into this slide.]
- Review/recap session by returning to the goal and objective slides to ask, "How well did we do in achieving these?" (Slides 1 and 2)

MODULE II: HANDOUTS

- **Handout 1, A Mental Health-Friendly Workplace (Circle Diagram)**
- **Handout 2, John's Story**
- **Handout 3, Americans with Disabilities Act (ADA)**
- **Handout 4, Tips for Mental Health-Friendly Supervisors**

A Mental Health-Friendly Workplace



John's Story

John's Employment With Company A

John was employed by a large mail order company in the Midwest when he first began to experience symptoms that were very new to him. He had always been a high performer. Only a few months earlier he looked forward to every day at work; now he didn't enjoy his job anymore. Really, he was sad most of the time. He wasn't sleeping well; and no matter how much sleep he got, it was never enough. He realized that the quality and quantity of his work output was slipping. His coworkers were commenting on his irritability as well.

Fortunately, John was very aware that his company had an employee assistance program (EAP). The services were widely publicized around the company—on bulletin boards, via the company's intranet, and in various company list updates for frequently used numbers. Because his supervisor had mentioned it at a recent staff training, he felt comfortable about turning to this resource. So he picked up the phone and arranged an appointment.

John learned that he had depression—a common, real, and treatable mental illness. A coworker/close friend that John had worked with for years had disclosed to him that she coped with a mental illness. The encouragement of this coworker gave John hope that with professional help he too could succeed. John chose to tell his supervisor about his newly diagnosed illness, and she arranged for him to have flexible hours so he could see a therapist and a psychologist, as well as have time to adjust to the side effects of his medication. With this support from his company, coworker, and supervisor, John once again excelled in his work.

Times changed. Fluctuations in the marketplace caused the company to consolidate operations and relocate his group to facilities in another State. Although John and his family could have moved with the company, both he and his family wanted to stay in the same community near aging grandparents and schools where the children were thriving.

John's Employment With Company B

John found a new job. For almost 5 years, he did very well with the new company. Then the economy experienced a downturn and the company needed to downsize. A number of employees were laid off. John and his remaining fellow employees found themselves working very long hours—often as many as 60 hours a week.

After a time, the heavy schedule began to take its toll on John's health. He constantly was stressed and tired. At this time, he didn't know that this company also had an EAP; later he learned that they did indeed have an EAP—there was simply no promotion of the fact. By the time he learned about the EAP, John already had consulted with his doctor and decided to request a temporary 32-hour work schedule for 6 weeks, with commensurate reduction in compensation. When John approached his supervisor about his illness and this request, she said she would consider it overnight. That evening the supervisor called John at home and asked him to resign. John was shocked by this rebuff to what he thought was a reasonable request and stunned by the prospect of unemployment as well. He did not simply resign as she had requested. The next day John consulted his physician and the company's human resources department. He was put on short-term disability with full pay and benefits for 8 weeks. A quick computation of the cost to the company of that alternative (8 weeks at full pay vs. 6 weeks of a reduced work schedule and paycheck) leads one to conclude that this resolution was bad business for both employer and employee.

John's story has a happy ending. Like most people with mental illnesses, he recovered with treatment and support. He continues to be a high performer but in a more mental health-friendly organization.

Americans with Disabilities Act (ADA)

Title I of the Americans with Disabilities Act of 1990, which took effect July 26, 1992, prohibits private employers, State, and local government, employment agencies, and labor unions from discriminating in the following areas against *qualified individuals* with disabilities:

- Job application procedures;
- Hiring;
- Firing;
- Advancement;
- Compensation;
- Job training; and
- Other terms, conditions and privileges of employment.

An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- Has a record of such an impairment; *or*
- Is regarded as having such an impairment.

A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question.

Reasonable accommodations are “modifications to the job application process, the work environment, or job that will enable the qualified individual with a disability to perform the essential functions and enjoy equal benefits and privileges of employment. Employers do not need to provide accommodations if they can demonstrate that doing so would result in an undue hardship.”¹

Reasonable Accommodations

Reasonable accommodations for persons with mental illnesses may be requested by the employee orally or in writing. Usually the request is made in a discussion between employer and employee. The ADA does not require that an applicant inform an employer about his or her need for a reasonable accommodation at any particular time, so this information need not be volunteered on an application form or in an interview.

Equal Employment Opportunity Commission (EEOC) regulations specify that the employer should take into account, but is not obligated to abide by, the employee’s preference within the range of effective accommodations. The employer is not required to provide accommodations that would pose an

“undue hardship” on the operation of the business. Similarly, workers cannot be forced to accept accommodations that are neither requested nor needed.

One study² of employers who have made reasonable accommodations for employees indicated that employers had not made the accommodations to comply with the law. Rather they cited other reasons for making them such as:

- It made good business (i.e., financial) sense;
- Such modifications are made for any employee who needs them;
- They had come to value the worker over time (i.e., for his/her skills or reliability); and
- They had empathy for the worker’s needs and considered the accommodation fair or humane.

Examples of reasonable accommodations for persons with “psychiatric disabilities,” as required by the Americans with Disabilities Act, could include:

Schedule modification

- Allowing workers to shift schedules earlier or later
- Allowing workers to use paid or unpaid leave for appointments related to their disability
- Allowing an employee to work part-time temporarily (e.g., when first returning from an absence)

Job modification

- Arranging for job sharing
- Reassigning tasks among workers
- Reassignment to a vacant position

Modifications to the physical environment

- Providing an enclosed office
- Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces

Changes in policy

- Extending additional paid or unpaid leave during a hospitalization
- Allowing an employee to make phone calls during the day to personal or professional supports
- Providing a private space in which to make such phone calls
- Allowing workers to consume fluids at their work stations throughout the work day (e.g., if needed due to medication side effects)

Provision of human assistance

- Allowing a job coach to come to the work site
- Participating in meetings with the worker and his/her job coach or other employment service provider

Provisions of assistive technology

- Providing a portable computer to enable an employee to work at home or at unusual hours
- Providing software that allows the worker to structure time and receive prompts throughout the work day

Supervisory techniques

- Offering additional supervisory sessions
- Offering additional training or instruction on new procedures or information

The EEOC has responsibility for enforcing several different discrimination laws, including Title I of the ADA. The provisions of the ADA are for all employers with 15 or more employees. The EEOC Web site, www.eeoc.gov, provides very practical, plain English facts and guidance for employers about compliance with the ADA, including examples of questions than an employer cannot ask on an application or during an interview.

Endnotes

¹ Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless. (2002) Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, p. 71.

² Mancuso, Laura L., MS, CRC. (June 1993) "Case Studies on Reasonable Accommodations for Workers With Psychiatric Disabilities," in *Case Studies on Reasonable Accommodations for Workers*, a study funded by the Community Support Program, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available online at www.mentalhealth.org/publicationsallpubs/CSoo-ooo8/accommo.asp.

Tips for Mental Health-Friendly Supervisors

As a supervisor, you can:

- Learn about mental illnesses and sources of help. Attending this workshop and reading this handout is a good first step.
- Familiarize yourself with your company's health benefits.
- Find out if your company has an employee assistance program (EAP) or information about community resources that can provide onsite or offsite consultation.
- Recognize when an employee's work behaviors show signs of a problem affecting performance, which may be mental health-related, and refer the employee appropriately. Some of these signs are:
 - Decreased productivity;
 - Morale problems;
 - Difficulty concentrating, making decisions, or remembering things;
 - Lack of cooperation;
 - Displays of anger or blaming others;
 - Safety risks, accidents;
 - Frequent absenteeism;
 - Consistent tardiness;
 - Frequent statements about being tired all the time;
 - Complaints of unexplained aches and pains;
 - Lack of cooperation or a general inability to work with others;
 - Working excessive overtime over a prolonged period;
 - Strange or grandiose ideas; and
 - Alcohol and drug abuse.

As a supervisor, you cannot diagnose a mental illness. You can, however, note changes in work performance and listen to employee concerns. If your company does not have an EAP, ask a counselor for suggestions on how best to approach an employee whom you believe to be experiencing work problems that may be related to a mental illness.

- Think about how you can use your skills as a supervisor to help the person feel safe and comfortable in meeting with you. If the employee is dealing with a mental illness, you will want to minimize his or her stress—not contribute to it. In addressing the performance issues, you can be honest, upfront, professional, and caring in your approach.

- Think about the person's strong points and the contributions he or she has made. It will be important to talk about the ways in which the employee is valued before raising areas of concern.
- Consider open questions that will encourage an employee to request support or accommodation. (See sidebar.)
- Remember, your job is not to probe into an employee's personal life to diagnose an illness or to act as their counselor. Be prepared for the possibility that, while you may be opening a door to offer help, the employee may choose not to walk through the doorway.

Discuss changes in work performance with the employee. You may suggest that the employee seek consultation if there are personal concerns. Confidentiality of any discussion with the employee is critical. If an employee voluntarily talks with you about health problems, keep these points in mind:

- Do not try to diagnose the problem yourself.
- Recommend that any employee experiencing symptoms of a mental illness seek professional consultation from an EAP counselor or other health or mental health professional.

What you can say:

"You've always been such a reliable staff person—top quality work done on schedule and within budget. But I'm concerned that recently you've been late to work often and are not meeting your performance objectives. I'd really like to see you get back on track. Is there anything that you can think of that would help you get back on track? Is there anything I can do to help?"

"I don't know whether this is the case for you, but if personal issues are affecting your work, you can speak confidentially to one of our employee assistance counselors. The service was set up to help employees. You can discuss with the counselor whether you might need any accommodations. Our conversation today, and appointments with the counselor, will be kept confidential and will not affect your job. . ."

"Let's get together 3 weeks from now, and talk again. We can see how the work is going, and whether any changes need to be made."*

* "Managing Mental Health in the Workplace" (2002) Toronto, ON: Canadian Mental Health Association, p.10.

- Recognize that a person experiencing a mental illness may need a flexible work schedule during treatment. Find out about your company's policy from your human resources department or the manager in charge of personnel policy.
- Remember that some mental illnesses may be life-threatening to the employee, but rarely to others. If an employee makes comments like "life is not worth living" or "people would be better off without me," take the threats seriously. Immediately call an EAP counselor or other specialist and seek advice on how to handle the situation.
- **Professional help is available from:**
 - Physicians
 - Mental health specialists
 - Employee assistance programs
 - Health maintenance organizations
 - Community mental health centers
 - Hospital departments of psychiatry or outpatient psychiatric clinics
 - University or medical school affiliated programs
 - State hospital outpatient clinics
 - Family service/social agencies
 - Private clinics and facilities

Note: The information and text of this handout was adapted from National Institutes of Health Publication No. 96-3919, which is available at www.nimh.nih.gov/publicat and from "Managing Mental Health in the Workplace: How to talk to employees, deal with problems and assess risks," (2002). Toronto, ON: Canadian Mental Health Association.

APPENDIX

APPENDIX A:

**Sources Used in Developing
This Publication**

APPENDIX B:

**Resources for Developing
Mental Health-Friendly Workplaces**

APPENDIX A

Sources Used in Developing This Publication

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APPENDIX B

Resources for Developing Mental Health-Friendly Workplaces

Federal Government Resources

Substance Abuse and Mental Health Services Administration (SAMHSA)

Telephone: 800-WORKPLACE

SAMHSA is a Federal agency working to ensure that people with or at risk for a mental or addictive disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends. Visit www.workplace.samhsa.gov for information on substance abuse, EAPs, violence, stigma, and discrimination in the workplace, among other topics.

National Mental Health Information Center (NMHIC)

Telephone: 800-789-2647

SAMHSA's NMHIC was developed for users of mental health services and their families, the general public, policymakers, providers, and the media. Staff members are skilled at listening and responding to questions from the public and professionals, and quickly direct callers to Federal, State, and local organizations dedicated to treating and preventing mental illness. Visit www.mentalhealth.samhsa.gov to find information on Federal grants, conferences, and events, and to read more than 600 publications.

National Institute of Mental Health (NIMH)

Telephone: 1-866-615-NIMH

NIMH conducts and supports research on mental disorders and the underlying basic science of the brain and behavior; collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses; and communicates information to scientists, the public, the news media, and primary care and mental health professionals about mental illnesses. Visit www.nimh.nih.gov to read current news about mental health and find descriptions of mental health disorders.

U.S. Equal Employment Opportunity Commission (EEOC)

EEOC is a Federal agency that coordinates all Federal equal employment opportunity regulations, practices, and policies. EEOC also administers the Americans with Disabilities Act. Visit www.eeoc.gov for more information.

Other Resources

Following are a selection of private, voluntary organizations that can help provide information on mental health issues. This list is not all-inclusive and does not imply endorsement by the Substance Abuse and Mental Health Services Administration or by the U.S. Department of Health and Human Services.

American Journal of Health Promotion

This Web site lists many past issues of the Journal by topic as well as other publications that would be helpful to any group planning the addition of a wellness program. The list includes a handbook, “How To Design Workplace Health Promotion Programs,” 5th edition. Go to www.healthpromotionjournal.com.

American Psychiatric Association (APA)

Telephone: 703-907-7300

APA is a medical specialty society working to ensure humane care and effective treatment for all persons with mental disorders, including mental retardation and substance-related disorders. A quarterly newsletter, *Mental HealthWorks*, is available on the Web site, as are fact sheets and other useful information for employers and employees. Visit www.psych.org/public_info/ for fact sheets and pamphlets.

American Psychological Association (APA)

Telephone: 800-374-2721

APA is dedicated to promoting psychological science’s many contributions to workplace issues through public education and outreach, advocating for applied psychology in national and regional forums that address workplace issues, and facilitating the active involvement of psychologists in workplace policymaking. Visit www.apa.org/science/workplace.html to read articles about psychology in the workplace.

Anxiety Disorders Association of America (ADAA)

Telephone: 240-485-1001

ADAA is a nonprofit organization whose mission is to promote the prevention, treatment, and cure of anxiety disorders and to improve the lives of all people who experience them. Members include clinicians and researchers who treat and study anxiety disorders, as well as individuals with anxiety disorders and their families and other interested individuals. Visit www.adaa.org for information about anxiety disorders, to locate a self-help support group, for online screening, and for other resources.

US Business Leadership Network (USBLN)

Telephone: 202-376-6200

USBLN, chaired by the U.S. Chamber of Commerce, is a national program led by employers in concert with State Governor's Committees and/or community agencies that engages the leadership and participation of companies throughout the United States to hire qualified job candidates with disabilities. The U.S. Department of Labor, Office of Disability Employment Policy supports the USBLN concept of business-to-business mentoring and has provided financial support for its annual summit. Go to www.usbln.com for locations and contact information for State business leadership networks.

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

Telephone: 800-233-4050

CHADD is a national nonprofit organization that represents individuals with attention-deficit/hyperactivity disorder for education, advocacy, and support. The organization is composed of dedicated volunteers from around the country who play an integral part in the association's success by providing resources and encouragement to parents, educators, and professionals on a grassroots level through CHADD chapters. For information about diagnosis and treatment, suggestions for living with ADHD, and discussion of education issues, visit www.chadd.org.

Consumer Organization and Networking Technical Assistance Center (CONTAC)

Telephone: 888-825-TECH

CONTAC is a resource center funded and maintained by SAMHSA's Center for Mental Health Services for consumers and consumer-run organizations across the United States. CONTAC provides technical assistance (TA) in the areas of communications and networking, training and skill-building, and sharing lessons learned. The objectives of the TA are to foster self-help, leadership, and management skills; address unmet needs of local and diverse consumer organizations; strengthen relationships among stakeholders; support capacity building; and participate in national collaboration. To learn more, visit www.contac.org.

Depression and Bipolar Support Alliance (DBSA)

Telephone: 800-826-3632

DBSA is a consumer-directed organization that focuses on the most prevalent mental illnesses—depression and bipolar disorder. The organization provides scientifically based tools and information written in plain English. To obtain online information about mood disorders, to find a support group in your community, or to join an online discussion forum, visit www.dbsaalliance.org.

Federation of Families for Children's Mental Health (FFCMH)

Telephone: 703-684-7710

FFCMH is the Nation's advocacy organization for families of children and youth with mental health needs. FFCMH aims to provide and sustain leadership for a broad and deep nationwide network of family-run organizations. FFCMH also advocates at the national level for the rights of children and families, and transfers insights and experiences to statewide family organizations, local chapters, and other family-run organizations so that skillful and effective advocacy can occur at State and local levels as well. Visit www.ffcmh.org to learn more.

Employee Assistance Professionals Association (EAPA)

Telephone: 703-387-1000

EAPA is an organization for employee assistance professionals. EAPA hosts an annual conference, publishes a journal for the employee assistance profession, and offers trainings and other resources. Visit www.eapassn.org to learn more about EAPA and to expand your knowledge of workplace issues and trends affecting performance and productivity.

Health Enhancement Research Organization (HERO)

Telephone: 205-969-2680

HERO is a national, research-oriented, nonprofit coalition of organizations with common interests in health promotion, disease management, and health-related productivity research. HERO facilitates research that will direct the health care system toward one with major emphasis on prevention and a more healthy and productive population. HERO coordinates and manages a variety of research projects like the study that inspired Highsmith to address its rising health costs. Visit www.the-hero.org for more information.

Job Accommodation Network (JAN)

Telephone: 800-526-7234 (V/TTY)

JAN, a service of the Office of Disability Employment Policy, U.S. Department of Labor, is a toll-free resource for anyone who has questions about job accommodations or the employment sections of the Americans with Disabilities Act (ADA). Trained consultants respond to questions, discuss specific job accommodations, and suggest additional resources. Go to www.jan.wvu.edu for employer resources.

National Alliance for the Mentally Ill

Telephone: 800-950-NAMI

NAMI is a nonprofit support and advocacy organization of consumers, families, and friends of people with severe mental illnesses working to

achieve equitable services and treatment for Americans with mental illnesses and their families. NAMI volunteers provide education and support, combat stigma and discrimination, support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families. To learn about NAMI's research, public policy, available educational resources, and upcoming events, visit www.nami.org for more information.

National Mental Health Association (NMHA)

Telephone: 800-969-NMHA

NMHA is a nonprofit organization addressing all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans, especially the 54 million individuals with mental disorders, through advocacy, education, research, and service. For current news and resources about mental health in America visit www.nmha.org for more information.

National Mental Health Consumers' Self-Help Clearinghouse

Telephone: 800-553-4539

The National Mental Health Consumers' Self-Help Clearinghouse is a consumer-run national technical assistance center serving the mental health consumer movement. It helps connect individuals to self-help and advocacy resources and offers expertise to self-help groups and other peer-run services for mental health consumers. Part of its mission is to promote consumer participation in planning, providing, and evaluating mental health and community support services. Visit www.mhselfhelp.org for more information.

National Partnership for Workplace Mental Health

E-mail: workplace@psych.org

The mission of the National Partnership for Workplace Mental Health is to develop and support educational efforts focusing on: (1) better understanding of the benefits to a mentally healthy workforce; (2) early recognition of mental disorders; (3) effective treatment; and (4) appropriate access to quality mental health care. For tools and resources for employers and managers as well as current news on mental health in the workplace, visit www.workplacementalhealth.org.

Peer-to-Peer Resource Center

Telephone: 800-826-3632

The Peer-to-Peer Resource Center is affiliated with the Depression and Bipolar Support Alliance (DBSA). DBSA is a consumer-directed national organization with more than half of its board of directors, committee members, and staff diagnosed with a mental illness. The center serves people living with all kinds

of mental illnesses, including depression, bipolar disorder, anxiety disorders, and schizophrenia. The Peer-to-Peer Resource Center is funded by a grant from SAMHSA's Center for Mental Health Services. For more information, visit www.peersupport.org.

Wellness Councils of America (WELCOA)

Telephone: 402-827-3590

WELCOA is a national nonprofit membership organization dedicated to promoting healthier lifestyles for all Americans, especially through health promotion initiatives in workplaces. WELCOA focuses on building Well Workplaces—organizations that are dedicated to the health of their employees. To learn more about WELCOA's efforts on workplace wellness and find tips about what you can do to build your own Well Workplace, visit www.welcoa.org for more information.



MENTAL
HEALTH

it's part of our workplace